

Family Planning and Women's Empowerment: Challenges for the Indonesian Family

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I. INTRODUCTION

A. Background

In Indonesia, there is a commonly held view that the primary role of women in the family is the reproductive role (bearing and rearing children), and that women's productive role is primarily related to domestic tasks. Men are considered to be primarily responsible for supporting the family financially. In fact, these roles are specified in the national marriage law of 1974, as stressed by paragraphs (1) and (2) of Article 34 (Undang-Undang Perkawinan):

- (1) "The husband has the responsibility of protecting his wife and of providing her with all the necessities of life in a household in accordance with his capabilities."
- (2) "The wife has the responsibility of taking care of the household to the best of her ability."

This gender division of labor can bring about unequal gender relations in the family because of the unequal positions of husbands and wives. The economic dependence of women on their husbands can put wives in a subordinate position to their husbands, which could lead women to have relatively less power than their husbands.

The formal female labor force participation rate in Indonesia has increased from 33 percent in 1980 to 39 percent in 1990 (Population Census 1980 and 1990). Women who are able to obtain formal employment are hypothesized to be more economically autonomous than those who do not work. Hence, they may be able to empower themselves, thus helping reduce any unequal gender relations in the family. Women's empowerment in the family should allow the opportunity for women to be involved in the process of negotiations with their husbands on such important matters as deciding on contraceptive use; making purchases for their use; feeding household members regardless of their sex, their age and their status in the family; and choosing which reproductive health services to use. Empowerment should free women from the ideology of "gender and maternal altruism" through which Indonesian women are expected to put the needs of all family members (particularly males) ahead of their own needs.

The 1990 census shows that among the Indonesian women in the labor force, 82 percent did not finish primary school. Thus the types of jobs accessible to women are low-skill jobs such as domestic servant, factory laborer, small retailer, plantation laborer, and home-based worker. These kinds of jobs, in turn, pay low wages. Moreover, some studies on Indonesian women who work as factory workers, plantation workers, small retailers and peasants have revealed that women workers are vulnerable because of the insecurity of their jobs (Mather, 1987; Grijns, 1987; Chandler, 1985; and Stoler, 1977).

Thus, the extent to which working women have more economic autonomy than non-working women is likely to depend on their type of job, their job security, and their income in comparison to that of their husbands, including whether theirs is the only income the household depends on.

The latter situation must also be taken into account due to the increasing number of female-headed households (17 percent in 1990, according to the Population Census).

For more than 25 years, women in Indonesia have been exhorted to join the National Family Planning Program to space and limit their births, with the result that the total fertility rate (TFR) has fallen from 5.2 in the 1970s to 2.9 in 1994 (IDHS, 1994). Virtually all (95 percent) of contraceptive users are women. Recently there has been increasing interest in ensuring quality of care in the family planning program to better meet women's reproductive health needs. One means suggested to meet these needs is to encourage men's involvement in family planning, if not as active contraceptive users, at least as knowledgeable and supportive partners.

Family planning has been marketed throughout the country as a means of improving family welfare and the lives of women by freeing women's time for other activities. One way in which this may occur is through women's employment. Women may enhance their opportunities to secure employment and progress in their careers by controlling their fertility through the use of contraception. Women may also gain social autonomy in the household if they gain self-confidence through the ability to control their reproduction.

In the Indonesian context, it is timely to investigate the extent to which family planning has brought about empowerment of women in the family through helping to improve the economic and social autonomy of women. A number of questions pertain to this issue for users and non-users of contraception: What are women's experiences and attitudes toward family planning? What are the economic activities of women including perceived job security? To what extent does gender division of labor exist in the household? What are the patterns of husband-wife communication? What are husband-wife relations in the family? To what extent do working and non-working women have economic autonomy within the family? To what extent do women have social autonomy within the family? What is the husband's knowledge of the Indonesian Family Planning Program, contraceptive methods and reproductive health, and what is his attitude toward family planning? To what extent are family planning and reproductive health services, information and education gender-sensitive according to women's perceptions?

B. Goals and Objectives

The primary goal of this study was to describe the effect of the use of contraception on women's empowerment in the family. Empowerment was defined in this study as the economic and social autonomy of women in the family. A secondary goal of this study was to assess, from the client's perspective, the extent to which the Indonesian Family Planning Program is gender-sensitive and how family planning services could be improved for women and for men.

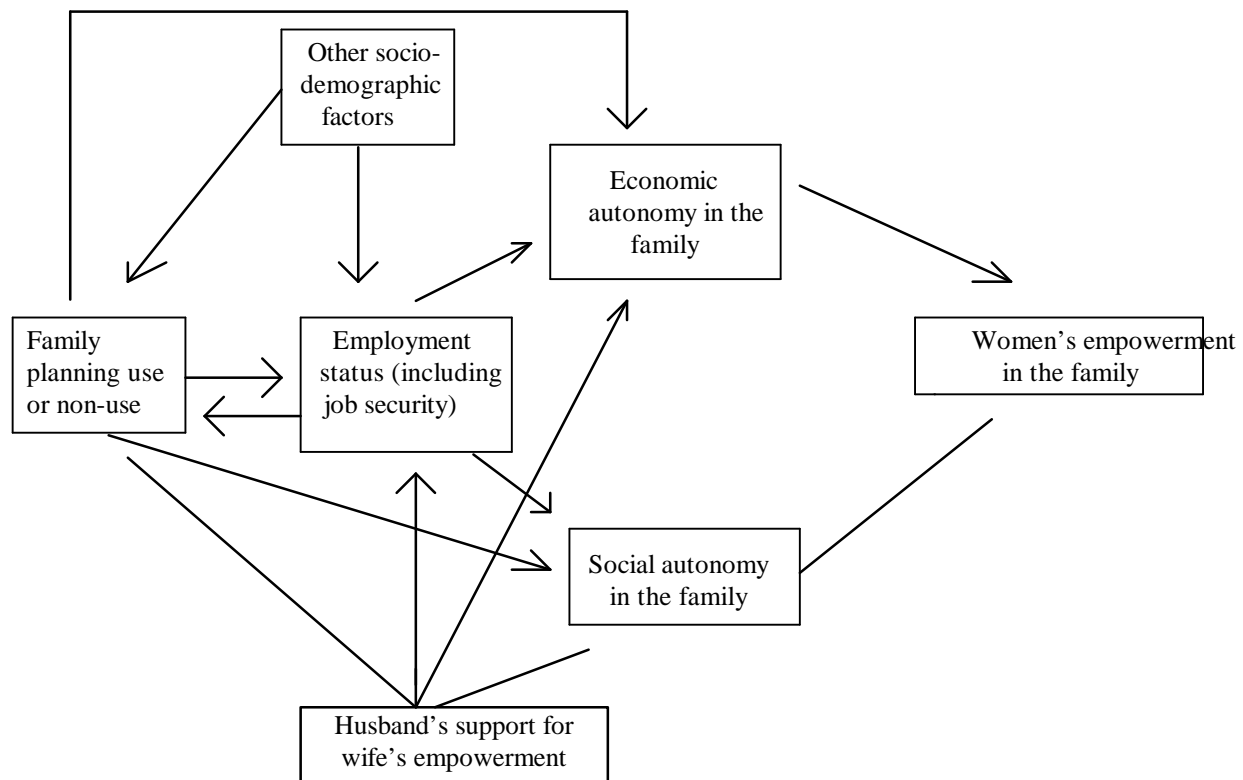
The specific objectives of this study were:

1. To compare the economic autonomy of working and non-working women who are users and non-users of family planning.
2. To compare the social autonomy of working and non-working women who are users and non-users of family planning.
3. To compare husbands' support of wives' empowerment (defined as economic and social autonomy), among women with differing work and family planning statuses.
4. To determine the extent to which family planning and reproductive health services, information and education are gender-sensitive according to women's perceptions.

C. Conceptual Framework

The conceptual framework that guided the study is indicated in Figure 1. It should be noted that interactions may occur in directions other than, or in addition to, those noted in this framework. The arrows in Figure 1 depict the direction of relationships of interest in this study.

Figure 1. Conceptual Framework.



D. Relationship With Other Women's Studies Project Research In Indonesia

This study, conducted by the Women's Studies Group, Faculty of Social and Political Sciences, University of Indonesia (KSW, FISIP, UI), in collaboration with the Women's Studies Project (WSP) of Family Health International (FHI), was part of a collection of four studies supported by the WSP in Indonesia. Each study focused on a different aspect of the WSP conceptual framework (Hardee et al., 1996). Each study took as its starting point contraceptive use or non-use (or, in the case of one study, reproductive decision-making) and looked at other aspects of women's lives that are affected by use of family planning. Broad dimensions of women's lives studied by the four sub-projects included psychological well-being, women's roles in the family and their roles in the community. These three dimensions correspond with the WSP conceptual framework. The study populations identified in these four studies came primarily from the USAID-funded Service Delivery Expansion of Services (SDES) Project. There was no overlap of study populations, although by design there was some overlap of study topics.

II. DATA AND METHODS

The study objectives listed above in Section B were investigated through a survey of women and in-depth interviews with women and husbands. The survey asked questions on the research objectives listed above and the in-depth interviews were used to probe more deeply into the topics.

A. The Study Areas and Sample

This study was conducted in two urban areas of Indonesia, (1) DKI (the special area of the capital city) Jakarta and (2) Ujung Pandang, the capital of the province of South Sulawesi. In Jakarta, the study areas included *Kelurahan* Kalibata (a village level neighborhood) and *Kecamatan* Pancoran (a district level neighborhood). Both areas are in south Jakarta, in areas in which family planning and reproductive health services are provided through both government and private clinics. These areas were chosen because they are residential (rather than industrial or business areas). Both areas have a mix of social classes. They were not intended to be representative of either Jakarta or Ujung Pandang.

The study area originally selected in Ujung Pandang was the neighborhood area of *Kelurahan* Parang Tambung. Subsequently, an additional area, *Kelurahan* Jongaya in *Kacamatan* Tamalate was chosen to meet the sample requirement of 400 women. Both of these areas were chosen because they were residential areas, with family planning services. It was assumed that these areas both had a mix of socioeconomic classes. However, it was discovered during data collection that a large percentage of the inhabitants of Parang Tambung were civil servants, and thus more well-to-do. However, since the study is not a direct comparison of communities, but rather an

investigation of the situation of women in contrasting communities, this did not present any problems in analysis.

The DKI Jakarta was chosen because it was assumed to provide more job opportunities to married women of different social classes and because its population has easy access to family planning information and services. South Sulawesi was chosen because of its presumed lower contraceptive use than in Jakarta and a lower formal labor force participation rate of women. In DKI Jakarta, the contraceptive prevalence rate in 1994 was 59.7 percent; in South Sulawesi, 42.6 percent of married women reported using family planning (CBS, 1995). In addition, these two areas offered different cultural contexts in which to assess family planning use and women's empowerment in the family.

In Jakarta, the sample included 400 women. In Ujung Pandang, the target sample was 400 women, but 20 women had to be dropped from the analysis because they fell outside the age range for the study (married women, 30-45 years of age). In addition, other problems (discussed below) resulted in a final study sample of 370 women in Ujung Pandang.

The sample of women in Jakarta from the selected neighborhood was drawn through multi-stage probability sampling. Each woman in the selected neighborhoods who fell into the population category of married, aged 30-45 years, had the same probability of being selected for study participation. In Jakarta, the stages of drawing the sample were as follows:

In *Kelurahan Kalibata*, there were seven *Rukun Warga* (RW-- neighborhood groups). Three of these RW were randomly selected: RW 01, RW 04 and RW 05. Three RW were chosen because each consisted of more than 10 *RT* (the smallest neighborhood group), and each *RT* consisted of more than 60 families. In each RW, five *RT* were randomly selected. Thus, altogether there were 15 *RT* as sample areas for the survey in Jakarta.

In order to obtain 400 respondents in Jakarta, a list was made of the survey population. The data for the list were taken from the family cards kept in the *Kelurahan* office. Altogether, 707 women fit criteria for study participation. Using a table of random numbers, 400 women were selected, following which, another 100 women were selected as possible alternates.

A number of problems were encountered in conducting the survey interviews. First, many of the first 400 women selected for the sample were listed twice, due to the disorganized state of the *Kelurahan*'s family card archive system. Thus, one woman might have two or three family cards. Hence, it was necessary to use the alternate women selected for the sample. The interviewers also had trouble finding some of the women: some addresses were wrong, women had moved, they had died, they had become widowed, or they turned out not to be within the correct age group for the study. Since these problems were an issue with the alternate respondents as well, additional respondents had to be selected from the list. To obtain a sample of 400 women, two additional *RT* in each *RW* were selected by the same method as described previously. To avoid the problems encountered with the first sampling frame, the study team went directly to the *RT* head to make sure the list of potential respondents was accurate (the women had not moved, were still alive and

were still married). That step saved a significant amount of time and yielded 162 women for the sampling frame. Of those, all but 19 were taken as respondents.

The same basic procedure was used to choose the sample from Ujung Pandang. However, since Kelurahan Parang Tambung did not have a large enough population to yield a sample of 400 women for the survey, an additional study area, Jongaya was added. In both areas, all RW and all RT within the RW were taken as the sample areas.

B. Data Collection

1. The Survey

The questionnaire for the survey was developed by Kelompok Studi Wanita (KSW), Faculty of Social and Political Sciences at the University of Indonesia (FISIP,UI) in collaboration with staff from FHI. The questionnaire consisted of seven sections, outlined below:

1. Background sociodemographic information
2. Pregnancy and childbearing experience/life event history
3. Contraceptive use and non-use
4. Experience with family planning programs
5. Family and household roles
6. Economic, community and society roles
7. Individual psychological and physical factors

The questionnaire was pre-tested in Jakarta by staff of KSW, FISIP,UI and was revised based on the results. The questionnaire was not pre-tested in Ujung Pandang.

The interviewers in Jakarta were female students of the FISIP,UI who completed a social science research methodology course and had gained some interviewing field experience in this course. Before conducting interviews for this study, interviewers were trained by the principal investigator regarding the study objectives and interview techniques. The interviewers in Ujung Pandang were the teaching staff of Hassanudin University and members of the Center for Women's Studies at the same university. Before they conducted the survey, interviewers were trained by the study team from the Center for Women's Studies (who had been trained by the study principal investigator from Jakarta). Each questionnaire took about 90 minutes to administer in both cities.

Fieldwork for the survey in Jakarta was conducted between mid-July and the end of October 1996. Fieldwork for the Ujung Pandang survey started in mid-July and was completed in December 1996.

2. In-depth Interviews

In order to obtain more detailed information than could be gathered in a survey, we also conducted in-depth interviews with a subsample of survey respondents. In addition, each of these women's husbands was also interviewed. The women and men sampled for the in-depth interviews included, in each city:

1. Two couples in which the wife currently uses contraception and has a "secure" job.
2. Two couples in which the wife currently uses contraception and has an "insecure" job.
3. Two couples in which the wife currently uses contraception and does not have a job.
4. Two couples in which the wife has never used contraception and has a "secure" job.
5. Two couples in which the wife has never used contraception and has an "insecure" job.
6. Two couples in which the wife has never used contraception and does not have a job.
7. Two couples in which the wife does not currently use contraception, but has used it in the past and has a "secure" job.
8. Two couples in which the wife does not currently use contraception, but has used it in the past and has an "insecure" job.
9. Two couples in which the wife does not currently use contraception, but has used it in the past and does not have a job.

It should be noted that these women were selected purposively. They are not intended to be representative of all women in Jakarta or Ujung Pandang, or even representative of all women in their respective neighborhoods.

We expected to conduct in-depth interviews with 18 couples in each city. However, in Jakarta, only 12 couples were interviewed. For one couple, only the wife participated, and for another couple, only the husband could be interviewed. Interviews could not be completed, for various reasons, with four other couples. In Ujung Pandang, all 18 couples were successfully interviewed.

An interview guide was used to help interviewers ask women and their husbands to talk about the following topics:

- Family planning and work experience
- Household division of labor between husbands and wives
- Husband-wife communication
- Social autonomy of the wife
- Economic autonomy of the wife

Female interviewers conducted the interviews with wives, and males interviewed the husbands. Prior to conducting interviews, the interviewers were trained on how to conduct an in-depth interview and how to use the interview guide. Some deviation from the interview protocol occurred. For example, the interviews with the wives and husbands were supposed to take place separately. However, from the transcripts it was clear that some of the interviews could not be conducted separately (husbands or wives could be heard on the tapes interrupting their spouses during the interviews). Furthermore, the interviewers sometimes had difficulty getting the interviewees to open up and go into detail in their responses. Some interviewees did not understand some of the questions. Finally, although the interviewers had been trained in probing during an in-depth interview, because the interviewers for the wives and husbands were different, the transcripts revealed that some questions (or probes) that had been asked of wives were not asked of husbands (or vice versa).

C. Data Management and Analysis

The data from the survey were entered into a computer file using SPSS, based on a codebook developed from the questionnaire. The dataset was cleaned following data entry. Analysis of the survey data was conducted both at KWS and FHI. Data analysis consisted of frequency distributions and cross tabulations by province.

The qualitative data from the in-depth interviews were transcribed verbatim, by hand or on a word processor, from the tape recordings by the interviewers themselves. Then, a narrative summary of each of the 60 interviews was written. Analysis of the in-depth interviews was done using these summaries. The data were organized according to the pre-defined themes, and the analysis was conducted by the principal investigator. No computer software program was used for analysis. Direct quotes from women and men were used to illustrate points frequently made or representing a commonly expressed view.

III. RESULTS

The results section is divided into nine sections. Sections A through F present the results related to each component of the conceptual framework for the study. Section G presents analysis linking family planning and work status with the other components of the conceptual framework. Section H contains women's perceptions of the effects of family planning on their lives. Section I presents women's suggestions for making family planning and reproductive health services more gender-sensitive.

A. Background Characteristics of the Women

It is important to stress that the two study communities had different economic statuses. The Jakarta community was a more mixed economic setting and was less well-off than the Ujung Pandang community. This is reflected in the social, cultural, and educational characteristics of the groups.

1. Marriage

All the women in this study were married at the time of the study, and 11 percent of women in both Jakarta and Ujung Pandang had been married more than once (data not shown).

2. Age

The women in this study were between the ages of 30 and 45; this age range was chosen so that the women would have had the opportunity to have both worked and had children. Table 3.A.1 shows the age distribution of women in the study sample and the age differences between spouses. In both provinces, the mean age of the respondents was 36 (data not shown). In both Jakarta and Ujung Pandang, women were generally younger than their husbands (Table 3.A.1).

Table 3.A.1. Age of Women and Their Husbands (in Percent): Jakarta and Ujung Pandang, Indonesia, 1996.

Age of respondent	Jakarta	Ujung Pandang
30 - 34	39.1	37.0
35 - 39	34.4	34.2
40 - 45	26.8	28.8
Total	100.0	100.0
Number of cases	(400)	(370)
Spouse's age difference		
Same age	3.8	7.1
Husband 1-5 years older	46.0	49.2
Husband 6+ years older	46.3	38.3
Wife older	4.0	5.4
Total	100.0	100.0
Number of cases	(400)	(368)

Women in Jakarta were younger than women in Ujung Pandang when they got married--19 years of age compared to 22 years of age (data not shown). Husbands in Jakarta were, on average, 25 years old when they got married while husbands in Ujung Pandang were 27 years old. This probably reflects the social class differences between the two samples rather than more general difference between the cities.

3. Ethnicity And Religion.

Ethnicity differed considerably between the women in Jakarta and those in Ujung Pandang (Table 3.A.2). Virtually all the women in Jakarta were Betawinese (60 percent), Javanese (23 percent) or Sundanese (11 percent), while the women in Ujung Pandang were predominantly Burgis (38 percent), Makarsarese (36 percent) or Javanese (9 percent). In both cities nearly 70 percent of the women were of the same ethnicity as their husbands. In Jakarta 97 percent of the women were Muslim, compared to 89 percent of the women in Ujung Pandang. In Ujung Pandang, 11 percent of the women were Christian (data not shown).

Table 3.A.2. Ethnicity and Differences in Ethnicity With Spouse (in Percent), Women in Jakarta and Ujung Pandang, Indonesia 1996.

Ethnicity and spousal difference	Jakarta	Ujung Pandang
Ethnicity		
Javanese	22.5	9.2
Sundanese	11.3	0.5
Betawinese	59.8	0.3
Makarsarese	0.0	35.9
Burgis	0.3	38.0
Other	6.8	16.1
Total	100.0	100.0
Number of cases	(400)	(368)
Spouses' ethnicity difference		
Same	69.9	67.8
Different	30.1	32.2
Total	100.0	100.0
Number of cases	(399)	(322)

4. Educational Attainment

Levels of education were different for women in Jakarta and Ujung Pandang (Table 3.A.3). Women in Ujung Pandang were more likely to have completed senior high school and to have gone on to university. About half the women in both cities had the same level of education as their husbands and another third were less educated than their husbands.

Table 3.A.3. Level of Education and Educational Differences With Spouses (in Percent), Women in Jakarta and Ujung Pandang, Indonesia 1996.

Item	Jakarta	Ujung Pandang
Education		
No schooling	6.8	6.8
Elementary or less	42.3	15.1
Junior high school	20.3	13.7
Senior high school	25.0	39.2
Academy graduate	3.0	9.3
University graduate	2.8	15.9
Total	100.0	100.0
Number of cases	(400)	(365)
Spouses' level of education		
Same	52.2	51.0
Wife lower	37.8	37.5
Husband lower	9.8	11.5
Total	100.0	100.0
Number of cases	(400)	(365)

5. Length Of Residence

Women in Jakarta had been resident in their city for a longer period than had women in Ujung Pandang. About half of the women in Jakarta (53 percent) and only 21 percent of women in Ujung Pandang said they had lived in those cities all their lives. In comparison, 30 percent of women in Ujung Pandang and 10 percent of women in Jakarta said they had lived in the respective cities for between 1 and 15 years (data not shown).

6. Household Size

Most women in Jakarta and Ujung Pandang lived in households with at least four persons, only 7 to 8 percent lived in households with three or fewer members (Table 3.A.4). The average household size in both cities was close to six persons.

Table 3.A.4. Household Size (in Percent), Women in Jakarta and Ujung Pandang, Indonesia 1996.

Household characteristics	Jakarta	Ujung Pandang
Number of persons in the household		
2 - 3	7.8	7.3
4 - 5	33.3	40.8
6 - 7	37.0	34.0
8 +	22.1	17.8
Total	100.0	100.0
Mean Household Size	(6.1)	(5.8)
Number of cases	(400)	(370)

7. Socioeconomic Status

Women in the two cities lived in households with similar socioeconomic status (SES), although households in Ujung Pandang were slightly better off overall. The index of socioeconomic status reported in Table 3.A.5 is a compilation of the household's wattage of electricity, toilet facilities, and ownership of consumer goods. (The consumer goods were radio, television, refrigerator, bicycle, motorcycle, and car.) Each item in the index was weighted (for example, a radio received a weight of 1 point, while a car received a weight of 6 points). See Table 3.G.3 for a more detailed explanation of the SES index.

Table 3.A.5. Socioeconomic Status Index (in Percent), Women in Jakarta and Ujung Pandang, Indonesia 1996.

SES index category	Jakarta	Ujung Pandang
Low		
0-5	5.1	5.0
Medium		
6-10	29.9	28.5
11-15	35.9	27.7
High		
16-20	18.6	22.3
20-25	11.1	16.5
Total	100.0	100.0
Number of cases	(400)	(369)

Note: Designations of low, medium and high SES refer to this study and are not necessarily representative of Indonesia as a whole. SES index is constructed from the following information: toilet facility; electricity; and ownership of radio, TV, refrigerator, bicycle, motorcycle and car. SES index items are weighted.

8. Number of Children

Women were asked the number of pregnancies and the number of births they had experienced. More women in Ujung Pandang reported having zero births -- 3 percent compared to almost 0 percent in Jakarta (Table 3.A.6). Women in Jakarta were more likely to have had 5 or more births (38 percent) than women in Ujung Pandang (23 percent). The mean number of births was 4.3 in Jakarta and 3.3 in Ujung Pandang.

Table 3.A.6. Mean Number of Births (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Item	Jakarta	Ujung Pandang
Number of births		
0	0.3	2.8
1 -2	20.3	29.0
3 - 4	41.9	45.3
5 +	37.6	22.9
Total	100.0	100.0
Mean number of births	(4.25)	(3.32)
Number of cases	(394)	(362)

Significance of difference between cities measured with a chi square test and was statistically significant at .001 level.

Summary of Section A

The women in this study in Jakarta and Ujung Pandang differed in some respects, most notably in their ethnicity, their education and their number of children. Women in the Ujung Pandang sample tended to be better educated, have one fewer child than women in Jakarta, and be of slightly higher SES. These differences were expected, as the two populations were chosen specifically for their differences. Neither population should be considered representative of all women in their respective city.

B. Reproductive History

To understand the relationship between women's births and the timing of breastfeeding, family planning use and work, a detailed reproductive history was collected for the women in the study. The results are reported in Table 3.B.1.

1. Pregnancy/Birth History

Virtually all the women in both cities had experienced at least one pregnancy and three-quarters of the women had experienced live births. Women in Jakarta experienced, on average, more pregnancies and births than did women in Ujung Pandang. The average number of live births for women in Jakarta was 4.3; for women in Ujung Pandang the average was 3.3 (Table 3.A.6).

2. Breastfeeding

Breastfeeding patterns among women in both cities were strikingly stable for each child. Women were most likely to breastfeed for either 12 or 24 months, and some for 18 months (in Jakarta for the first birth, for example, 64 percent of the women breast fed for 12, 18 or 24 months. Women in Jakarta tended to breastfeed for more months than women in Ujung Pandang.

3. Family Planning Use Prior To Each Birth

Prior to the first birth, only one-third of women in either city used family planning. After the first birth, women were more likely to use family planning; from the 2nd to the 5th pregnancy, about half of the women who experienced each of those pregnancies reported using family planning prior to that pregnancy. In Ujung Pandang, for example, 43 percent of the women who experienced a second pregnancy said they used family planning before that pregnancy, 48 percent who experienced a third pregnancy said they used family planning before that pregnancy, and so forth. After the fifth pregnancy, women in Ujung Pandang were more likely to have used family planning prior to a pregnancy than were women in Jakarta.

4. Work Experience Prior To Each Birth

Women's work patterns were also stable across pregnancies, at least until the fourth pregnancy. Among women in Jakarta who had experienced four pregnancies, 14 percent said they worked before that pregnancy, compared to 34 percent of women in Ujung Pandang. Women were less likely to work after the fourth pregnancy in Jakarta and after the fifth pregnancy in Ujung Pandang.

Table 3.B.1. History of Pregnancy, Breastfeeding, Family Planning, and Work (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.		
Birth order	Jakarta	Ujung Pandang
1st pregnancy		
Experienced	98.5	97.0
Resulted in live birth	88.8	93.2
Breastfed: 12 months	22.4	26.8
18 months	10.0	5.2
24 months	31.8	16.9
Used FP before 1st pregnancy	31.3	29.9
Worked before 1st pregnancy	18.8	29.2
2nd pregnancy		
Experienced	94.5	89.5
Resulted in live birth	88.5	85.4
Breastfed: 12 months	18.0	29.3
18 months	12.7	5.4
24 months	35.2	19.4
Used FP between pregs. 1 and 2	42.0	42.8
Worked between pregs. 1 and 2	18.0	31.6
3rd pregnancy		
Experienced	82.0	70.3
Resulted in live birth	75.8	66.2
Breastfed: 12 months	21.0	25.4
18 months	13.2	4.5
24 months	32.9	19.3
Used FP between pregs. 2 and 3	47.7	47.7
Worked between pregs. 2 and 3	18.0	32.4
4th pregnancy		
Experienced	63.0	43.0
Resulted in live birth	57.8	40.0
Breastfed: 12 months	19.9	30.2
18 months	12.8	4.7
24 months	32.7	16.8
Used FP between pregs. 3 and 4	48.5	46.2
Worked between pregs. 3 and 4	14.4	33.6
5th pregnancy		
Experienced	43.5	24.3
Resulted in live birth	39.8	23.2
Breastfed: 12 months	21.2	27.9
18 months	14.6	5.8
24 months	30.5	19.8
Used FP between pregs. 4 and 5	46.5	45.9
Worked between pregs. 4 and 5	8.7	30.6

Table 3.B.1 continued. History of Pregnancy, Breastfeeding, Family Planning, and Work (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

6th pregnancy	Jakarta	Ujung Pandang
Experienced	26.5	13.0
Resulted in live birth	24.3	12.2
Breastfed: 12 months	16.5	31.0
18 months	12.1	2.4
24 months	37.4	16.7
Used FP between pregs. 5 and 6	33.0	55.3
Worked between pregs. 5 and 6	9.8	24.4
7th pregnancy		
Experienced	16.5	5.4
Resulted in live birth	15.3	4.9
Breastfed: 12 months	24.1	35.3
18 months	13.0	5.9
24 months	31.5	11.8
Used FP between pregs. 6 and 7	21.8	64.7
Worked between pregs. 6 and 7	4.5	23.5
8th pregnancy		
Experienced	10.2	1.9
Resulted in live birth	9.8	1.6
Breastfed: 12 months	12.8	33.3
18 months	12.8	16.7
24 months	23.1	16.7
Used FP between pregs. 7 and 8	20.5	50.0
Worked between pregs. 7 and 8	0.0	14.3
9th pregnancy		
Experienced	6.0	0.8
Resulted in live birth	6.0	0.8
Breastfed: 12 months	12.0	50.0
18 months	8.0	0.0
24 months	40.0	25.0
Used FP between pregs. 8 and 9	26.9	75.0
Worked between pregs. 8 and 9	4.3	0.0
10th pregnancy		
Experienced	4.2	0.3
Resulted in live birth	3.8	0
Breastfed: 12 months	23.1	---
18 months	7.7	---
24 months	46.2	---
Used FP between pregs. 9 and 10	12.5	---
Worked between pregs. 9 and 10	7.1	---

Note: FP = family planning

C. Women's Experience with Family Planning

Family planning use is the starting point of interest of the conceptual framework for this study and for the Women's Studies Project, which seeks to assess the effect of family planning on various aspects of women's lives -- in the case of this study, the effect on women's economic and social autonomy (and thus their empowerment) in the family and household.

1. Ever And Current Use Of Contraception.

Most of the women in Jakarta and Ujung Pandang said they had used family planning at some time in their lives (78 percent in Jakarta and 62 percent in Ujung Pandang), as shown in Table 3.C.1. At the time of the survey, almost 70 percent of women in Jakarta and 62 percent of women in Ujung Pandang said they were using contraception.

Table 3.C.1. Ever Use and Current Use of Family Planning (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Item	Jakarta	Ujung Pandang
Ever use of family planning		
Yes	77.6	62.2
No	22.4	37.8
Total	100.0	100.0
Number of cases	(393)	(357)
Current use of family planning		
Using any method	69.5	62.3
Not using	30.5	37.7
Total	100.0	100.0
Number of cases	(400)	(350)

In both cities, the vast majority of contraceptive users were using modern methods of contraception, most notably, oral contraceptives, the IUD and the injection (Table 3.C.2). Patterns of contraceptive use differed somewhat in the two communities. In Jakarta, almost equal numbers of women reported using injectables and oral contraceptives, followed by the IUD. In Ujung Pandang, the IUD was the most commonly used method, followed by oral contraceptives and injectables. Users in Jakarta tended to be more satisfied with the method they were using: 89 percent of the users in Jakarta and 80 percent of the users in Ujung Pandang reported being satisfied or highly satisfied with their method (data not shown).

Table 3.C.2. Method of Family Planning Used, among Current Users (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Method currently using	Jakarta	Ujung Pandang
Oral contraceptives	28.1	25.2
IUD	22.3	29.2
Injectable	29.5	19.0
Implant	0.4	0.9
Condom	3.6	4.0
Female sterilization	7.6	9.3
Vasectomy	0.7	1.3
Periodic abstinence	5.4	5.4
Withdrawal	0.7	3.5
Other	1.8	2.1
Total	100.0	100.0
Number of cases	(278)	(226)

2. Reasons For Use And Non-Use Of Family Planning: Survey Findings

Family planning users in both cities said they were using contraception primarily to stop childbearing (62 percent in Jakarta and 57 percent in Ujung Pandang) or to delay the next birth (34 percent in Jakarta and 34 percent in Ujung Pandang) (data not shown). Given that the women in this study were at least 30 years old, it is not surprising that very few said they were trying to delay their first birth.

For the one-third of women not currently using contraception, their reasons for not using varied, but were similar in the two cities. Women could give up to three reasons why they were not using contraception. The most common reasons for non-use were: (1) being worried about side effects or having other health concerns; (2) wanting to get pregnant or having trouble getting pregnant; and (3) fatalism about pregnancy. About one in seven women said they were not using family planning because of opposition from their husbands.

3. Reasons For Use And Non-use Of Family Planning: In-depth Interview Findings

According to respondents in the In-depth interviews, the decision to delay or to stop childbearing was not a woman's decision alone. Husbands were regarded as the legal and economic heads of households, and their opinions were influential. Husbands' motivations to accept, or at least not object to, their wives using family planning were mainly economic, particularly if their wives worked (in either a secure or insecure job). To the husbands, delaying or stopping childbearing was seen as a way of reducing their burden as the main economic provider in the family, either by having fewer children to support or by allowing their wives time to work.

In Jakarta, some husbands of working women said:

“Ikut KB, penghasilan kurang / [My wife is] using contraception because my income is insufficient.” (Suami peserta KB, tukang cuci / husband of current user who works as washer woman)

“Ikut KB isteri leluasa bekerja / Contraceptive use frees my wife to work.” (Suami peserta KB, guru SD/ husband of current user who is a primary school teacher)

“Minta-minta setop dah! Kebanyakan anak repot juga / I hope my wife can stop having more children. More children means more burden.” (Suami eks-peserta KB, bekerja dan sekarang menggunakan sistem kalender dan ramuan tradisional / husband of ever-user who works and is now using calendar system and traditional herbs)

A wife added:

“Sejak gadis saya sudah bekerja. Saya pernah mengalami pendarahan tiga kali sesudah kelahiran anak pertama. Waktu mau KB, ternyata saya sudah hamil lagi. Sesudah kelahiran anak ke 2 baru saya ikut KB. Untuk mutusin kerja saya enggak berani, soalnya penghasilan suami minim sekali / I have been working since I was single. I got bleeding three times after the birth of my first child. When I was going to use contraception, it was too late, because I was already pregnant with my second child. After her birth, I used contraception. Apart from that, it would be difficult for me to quit work because relying only on my husband’s income is not enough.” (Peserta KB, bekerja/family planning user, working)

In Ujung Pandang, husbands of working women had the following opinions:

“Ikut KB karena keduanya bekerja / Both of us are working, that’s why she uses contraception.” (Suami peserta KB, dosen / husband of current user who is a university teacher)

“Ikut KB karena keduanya bekerja, yang merasakan susahnyanya ya ibunya, dan pertimbangan ekonomi juga / My wife is using contraception because both of us are working, and it was my wife who was bearing the burden. Apart from that, it was also due to economic considerations.” (Suami peserta KB, bekerja / husband of user who works)

“Kami ini pegawai negeri rendahan, dan keleluasaan isteri mencari nafkah dengan ikut KB / I am a lower-level civil servant, and using a family planning method lets my wife be free to work to earn a living.” (Suami eks peserta KB, bekerja sekarang menggunakan KB alamiah / husband of ever-user, working wife, now using natural family planning)

Economic motivations for having fewer children were also found among couples where wives were not working for income.

In Jakarta, a husband said:

“Kalau anak lebih dari lima orang, apa mungkin saya sekolahkan ke perguruan tinggi? Dengan ber KB membantu saya yang berpenghasilan sebagai negeri golongan II / With five children, is it possible for me to send them to higher education? Family planning helps someone

like me whose salary [is that of a] lower-level civil servant.” (*Suami peserta KB, ibu rumahtangga / husband of user who is not working*)

In Ujung Pandang, a man offered:

“*Istilah banyak anak, banyak rejeki sekarang tak ada. Yang ada, banyak anak, banyak susah, susah mengurusnya* / The phrase ‘many children, more economic fortune’ is out of date. Today, many children means lots of problems, lots of responsibility.” (*Suami peserta KB, ibu rumahtangga / husband of user who is a housewife*)

Women’s reasons for spacing births or ending childbearing were largely economic, similar to those of their husbands. However, there were some women, working and non-working, who had more personal motivations. Here is what a woman from Jakarta said:

“*Saya rasanya kalau di rumah terus jenuh. Daripada saya di rumah terus, seneng rasanya terjun ke sosial. Sebelum pakai KB, saya enggak aktif, karena anak masih kecil* / I enjoy being active in community activities. If I have to stay at home, it’s unbearable for me. Before using contraception, I could not participate in community activities because the children were small.” (*Peserta KB, tidak bekerja/user, not working for income*)

In Ujung Pandang, some women also expressed personal motivations for using family planning:

“*Saya enggak bisa bebas, mau pergi ke pesta, mau pergi arisan, tidak ada waktulah. Anak saja yang diurus*/I was not free to attend parties, or rotating credit associations. I had no time for myself. I only had to look after the children.” (*Peserta KB, tidak bekerja/user, non-working wife*)

“*Anak saya sudah banyak, saya pikir kalau saya enggak KB anak saya tambah banyak. Baru, kesehatan saya juga.* / I have had many children. I thought if I were not using contraception, I would have even more. I was concerned with my own health.”(*Peserta KB, bekerja / user who works*).

Couples who were not using family planning offered a variety of reasons for non-use.¹ Some worried about side effects, while others said they could space their births without family planning. One husband said he (and his wife) wanted many children.

In Jakarta, husbands said:

“*Enggak ah! Abis orang disini kan pada takut. Disini banyak yang bilang ada efek sampingannya. Udah biarin dah nanti kalau waktunya abis kan abis juga. Kalau mau mencegah KB alami aja deh !* / No, I don’t want to use any contraception. People here are scared of using it. Many people say [modern] family planning methods have side effects. It is a matter of time before

¹In Jakarta, we did not interview any women who were non-users of contraception and not working for income. During the survey, some women in Jakarta said they were housewives and not working; however, in the in-depth interviews these same women revealed they were working. Interviewers did not request an explanation from women regarding this discrepancy.

we are infecund. If we want to delay childbearing it is better to use natural family planning!” (*Bukan peserta KB, bekerja / husband of non-user who works*)

“*Tujuan kita suami isteri kan untuk mencari keturunan. Seumpama kalo kita punya anak sedikit, semangat nyari uang itu kurang. Kalo banyak anak, semangat nyari uangnya tinggi / Our goal as husband and wife is to reproduce ourselves. If we had few children, we would have no spirit to work. If we have many children, we will have the motivation to earn a living.*” (*Suami bukan peserta KB, bekerja / husband of non-user who works*)

In Ujung Pandang, women and men gave similar reasons for not using family planning:

“*Takut efek sampingannya, kalau mau menjarangkan pakai KB alam saja / I am scared of its side effects. If we want to delay pregnancies, we can use natural family planning.*” (*Suami peserta KB, bekerja / husband of non-user who works*)

“*Jarak anak saya sudah jauh-jauh, masing-masing dua tahun. Caranya pake azal / My children are spaced two years apart. We used withdrawal.*” (*Bukan peserta KB, bekerja / non-user who works*)

Summary of Section C

Family planning use was high among women in this study, as it is among women all over Indonesia. The high level of contraceptive use found among women in this study is likely due to Indonesia’s national family planning program that women are strongly encouraged to join. As seen in the in-depth interviews, wives and husbands tended to agree on the need to use family planning for economic reasons. It was clear, however, that some women used family planning for their own health or to have time to participate in community activities. Some women and men voiced concerns about negative health effects of contraceptive use, and these concerns led some couples to adopt non-program methods (traditional methods) of birth control.

D. Women's Reported Work Experience

The next component of the conceptual framework is women's work experience.

1. Ever And Current Work Status

Women in the Ujung Pandang community were much more likely to report work experience (defined as working for money) than were women in Jakarta. About half of the women in Ujung Pandang said they had ever worked, compared to 39 percent of women in Jakarta (Table 3.D.1). The differences in women's current work status between the two communities was even more marked. In Jakarta, one-quarter of the women reported that they were currently working, compared to 41 percent of women in Ujung Pandang. In part this reflected the more "middle class" nature of the community sampled in Ujung Pandang. It should be noted that some women who reported that they were housewives who did not work may actually have engaged in income-generating activities. As noted earlier, some women who reported not working in the survey later revealed during in-depth interviews that they actually did work.

Table 3.D.1. Reported Work Status of Women (in Percent), Jakarta and Ujung Pandang, Indonesia, 1996.

Work status	Jakarta	Ujung Pandang
Ever worked for money		
Yes	38.8	49.3
No	61.3	50.8
Total	100.0	100.0
Number of cases	(400)	(369)
Currently working for money		
Yes	24.3	41.1
No	75.8	58.9
Total	100.0	100.0
Number of cases	(400)	(367)

2. Current Occupation

Women in the Jakarta and Ujung Pandang samples differed considerably in the type of jobs they held. Most notably, while 23 percent of women in Ujung Pandang worked as civil servants, only 4 percent of women in Jakarta worked as civil servants (Table 3.D.2). As stated earlier, this reflects differences in the sampling frame rather than overall differences between the two cities. In both cities, about 12 percent of women reported being entrepreneurs.

Table 3.D.2. Current Occupation of Women (in Percent), Jakarta and Ujung Pandang, Indonesia, 1996

Occupation	Jakarta	Ujung Pandang
Homemaker	74.3	59.1
Civil servant	4.0	22.8
Entrepreneur	11.6	12.1
Private sector	4.5	4.1
Laborer	2.0	0.8
Professional	1.0	0.3
Other	2.8	0.8
Total	100.0	100.0
Number of cases	(400)	(364)

3. Place And Type Of Work

Nearly three-quarters (78 percent) of working women in Ujung Pandang reported working outside their homes, compared to 60 percent in Jakarta (data not shown). Thus, approximately 40 percent of women in Jakarta worked in their homes, compared to about 20 percent of women in Ujung Pandang.

Among women who worked, most reported that their jobs were permanent, full-time jobs (62 percent in Jakarta and 75 percent in Ujung Pandang) or permanent, part-time jobs (26 percent in Jakarta and 13 percent in Ujung Pandang) (data not shown).

4. Hours Of Work

In Jakarta, 22 percent of working women reported working between two and 20 hours per week, compared to 28 percent of women in Ujung Pandang (data not shown). Almost half of the women in Jakarta (45 percent) and 41 percent of women in Ujung Pandang reported working between 21 and 40 hours a week, while 33 percent of women in Jakarta and 31 percent of women in Ujung Pandang said they worked more than 40 hours a week (data not shown).

5. Length Of Time At Job

Women in both cities reported holding their current job for similar lengths of time. About half of the women in both cities (51 percent in Jakarta and 48 percent in Ujung Pandang) reported working at their current jobs for 10 or more years. Sixteen percent of women in Jakarta and 19 percent in Ujung Pandang had worked for six to nine years, and 26 percent in Jakarta and 23 percent in Ujung Pandang had worked for two to five years. Fewer than one in ten working women reported that they had had their current job for less than one year (data not shown).

6. Perceived Level Of Job Security

Women in both cities were fairly confident that their jobs were “secure,” although a larger percentage of women in Ujung Pandang (44 percent) than in Jakarta (23 percent) thought that their jobs were “very secure” (Table 3.D.3). When asked if they thought they would be let go from their jobs in the next six months, 88 percent of women in Ujung Pandang and 78 percent of women in Jakarta said they thought that was unlikely (data not shown).

Table 3.D.3. Level of Perceived Job Security (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Perceived level of security	Jakarta	Ujung Pandang
Very secure	22.7	43.7
Fairly secure	73.2	43.0
Not very secure	4.1	6.6
Don't know	---	6.6
Total	100.0	100.0
Number of cases	(97)	(151)

7. Husbands' Occupations

Most husbands worked in permanent, full-time positions. Their occupations varied by city, with more men working as civil servants in Ujung Pandang than in Jakarta (43 percent compared to 17 percent) (data not shown). The husbands of women in Jakarta were more likely than those in Ujung Pandang to be working as manual laborers (19 percent compared to 8 percent) or as entrepreneurs (37 percent compared to 21 percent) (data not shown).

Summary of Section D

Less than half of the women in this study worked for income; in Jakarta only one-quarter of the women worked. The most common occupations of women were civil servant (particularly in Ujung Pandang) and entrepreneur. Most women who worked perceived their jobs as secure.

E. Women's Economic Autonomy in the Household

According to the conceptual framework for this study, family planning use and work status have an impact on women's economic autonomy in the family and household. In this section, various aspects of economic autonomy are examined, including household headship, home ownership, participation in household tasks, the husband's influence over wife's work, participation in contributing money to the household, and knowledge and use of loans.

1. Head Of The Household

According to family law in Indonesia, the husband is the legal head of the household. Indeed, in both Jakarta and Ujung Pandang, women overwhelmingly considered their husbands the head of the household (99 percent in Jakarta and 97 percent in Ujung Pandang) (data not shown).

2. Home Ownership Status

To measure women's economic assets in the household and family, women were asked who owned the house they were living in. In over half the households, the husband or his family owned the house (Table 3.E.1). In one in four households in Ujung Pandang and one in five households in Jakarta, women said they or their birth families owned the house their family lived in. About one in five families in both cities rented their house, were supplied housing through work, or had some other arrangement.

Table 3.E.1. Home Ownership Status (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.		
Ownership Status ²	Jakarta	Ujung Pandang
Respondent / her family	19.5	25.7
Husband / his family	63.3	54.2
Other	17.4	19.9
Total	100.0	100.0
Number of cases	(400)	(367)

3. Division of Labor in the Household: Survey Findings

To understand women's roles in their households, respondents were also asked who participated in a variety of daily tasks, including cooking, cleaning the house, cleaning the yard, child care, washing clothes, making house repairs, and earning money from working. The results (shown in Table 3.E.2) indicate a fairly traditional gender-based division of labor. With the exception of making house repairs, fewer than 4 percent of men were the primary household member responsible for any household activity. In the case of household repairs, 52 percent of men in Jakarta and 51 percent of men in Ujung Pandang had primary responsibility. It should be noted

² Respondents were not asked directly if they owned their house jointly with their husbands. Joint ownership is reflected as part of the "other" category.

that other household members shared the responsibility for most household tasks with the women --most notably for cleaning and washing clothes. Women were overwhelmingly responsible for cooking (90 percent in Jakarta and 82 percent in Ujung Pandang) and for caring for children (87 percent in Jakarta and 71 percent in Ujung Pandang). In general, larger percentages of women in Ujung Pandang than in Jakarta relied on others to help them with household tasks. This is probably because middle class households, who can afford household servants, were more often included in the Ujung Pandang sample.

Table 3.E.2. Participation in Household Activities (in Percent), Reported by Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Task	Jakarta					Ujung Pandang				
	Only/ mostly wife	Only/ mostly husband	Both	Others	No. of cases	Only/ mostly wife	Only/ mostly husband	Both	Others	No. of cases
Daily cooking	90.1	0.8	1.0	8.3	(400)	82.7	0.8	1.4	15.2	(369)
Cleaning the house	66.3	1.3	5.3	27.3	(400)	63.5	0.3	8.2	28.1	(367)
Cleaning the yard	67.1	1.3	5.0	26.8	(400)	45.7	4.1	10.6	39.7	(368)
Caring for children	87.0	0.8	8.4	3.9	(393)	71.1	2.3	20.9	5.6	(359)
Washing clothes	64.6	1.8	4.8	29.0	(400)	56.3	1.6	4.3	37.8	(368)
Making house repairs	6.1	51.8	3.3	39.0	(400)	1.4	50.6	4.1	44.0	(368)

Note: Number of cases varies due to non-response on some items. Percentages may not add to 100 due to rounding.

4. Division of Labor in the Household: In-depth Interview Findings

The in-depth interviews with wives and husbands revealed that in both cities, the division of labor in most households was based on gender. Furthermore, men were seen as the primary economic providers in the family. Neither women's contraceptive use status nor their work status appeared to influence the household division of labor. It should be noted that while women were considered responsible for household tasks, men sometimes said they "helped" their wives with housework and child care because they recognized that their wives were tired and busy, especially if the wives also worked.

In Jakarta, men said:

“Ibu-ibu dan laki-laki kan capean ibu-ibu. Ibu kan jaga anak, nyuci, nyiapin makanan untuk kita, untuk anak. Kita tuh tinggal makan, minum, tinggal apa aja. Saya menyadari itu, jadi kita bantu-bantu nyuci piring / Women are more tired than men. They look after children, wash clothes and dishes, prepare meals for us and the children. We just appreciate what they have done for us. I realize that, so I help her by washing the dishes.” (Suami peserta KB, bekerja / husband of user who is working)

“Ikut dong! Termasuk pengawasan anak-anak. Kalau saya ada di rumah, pulang kantor atau hari minggu, saya bisa bantu-bantu / Of course, I do housework, including watching the children. If I am at home after the office or on Sunday, I can help her by doing household work.” (Suami peserta KB, tidak bekerja / husband of user who is not working)

“Yang dapat saya lakukan sekedar mencuci dan nyapu. Yang kira-kira itu sibuk buat isteri saya, saya bantu / Things which I can do is washing, sweeping the floor. I help her by doing things that she is too busy to do.” (Suami bukan peserta KB, bekerja / husband of non-user who works)

“Sewaktu-waktu saya kerjain rumahtangga: nyuci piring, bersihin kamar mandi, tapinya enggak rutin, kasihan pan? / Sometimes I have done household chores like dish washing, cleaning the bathroom, but not regularly. I just took pity on her.” (Suami eks peserta KB, tidak bekerja / husband of non-user who is not working)

“Ya, kadang-kadang masak air, kadangkala nyuci, Ya, sedikit-sedikit kita ngimbangin lah! / Sometimes I boil the water, sometimes I do clothes washing. Yeah, just to help her.” (Suami eks-peserta KB, bekerja / husband of non-user who is working)

In Ujung Pandang, men said similar things:

“Saya membantu apa saja, kadang memasak / I help her by doing a variety of things. Sometimes I do the cooking.” (Suami eks-peserta KB, tidak bekerja / husband of ever-user who is not working)

“Ya, kalau mendesak ya saya lakukan. Kalau ada waktu saya turun: nyuci, nyuci piring, kasih makan anak, nyebokin anak / ...Yeah, if the situation pushed me to help her. If I have time, I do clothes and dishwashing, feed the children.” (Suami eks-peserta KB, bekerja / husband of former user who is working)

“Kadang saya kepingin masak / Sometimes, I want to cook.” (Suami peserta KB, tidak bekerja / husband of user who is not working)

“Bisa saling membantulah, membantu mencuci, membersihkan rumah dan ke dapur kalau perlu / We helping each other as much we can -- for instance with washing, cleaning the house, and if necessary we both do the cooking.” (Suami peserta KB, bekerja / husband of user who works)

“Kami membantu juga untuk pekerjaan rumahtangga. Misalnya seterika, karena saya memang tidak senang diseterikakan orang lain, saya punya pakaian, jadi saya seterika sendiri. Selain itu, membersihkan halaman / I helped her do household chores. For example, ironing, because I don't

like somebody else do it for me. So, I iron my own clothes. Another thing I do is clean the yard.”
(*Suami bukan peserta KB, bekerja / husband of non-user who works*)

“*Saya juga membantu isteri saya, bukan karena bekerja lalu lupa rumahtangga, tidak. Saya sering mencuci, kalau perlu, bantu isteri / I also help my wife. It’s not as if, because I am the breadwinner, then I don’t want to do household chores -- not at all!. I often do the washing. I help my wife if needed.*” (*Suami bukan peserta KB, tidak bekerja/ husband of non-user who is not working*)

5. The Decision To Work And Husband’s Influence

As presented in section 3.D, 24 percent of women in Jakarta and 41 percent in Ujung Pandang had ever worked, and fewer were currently working. Women were asked about their husbands’ influence on their work decisions and also their reasons for working, not working, and for quitting their jobs (Table 3.E.3). About half of the women in both cities were married when they first started working.

Table 3.E.3. Women’s Reports of Husband’s Influence on Women’s Work (in Percent), Working Women in Jakarta and Ujung Pandang, Indonesia, 1996		
Type of husband’s influence on work	Jakarta	Ujung Pandang
Married when first worked?		
Yes	54.2	48.4
No	45.8	51.6
Total	100.0	100.0
Number of cases	(155)	(182)
Did woman seek husband’s approval to start/continue working?		
Yes	80.6	58.2
No	19.4	41.8
Total	100.0	100.0
Number of cases	(155)	(177)
Did women seek husband’s approval to work at current job?		
Yes	77.3	66.5
No	22.7	33.5
Total	100.0	100.0
Number of cases	(97)	(155)

Among the women who had ever worked, 81 percent in Jakarta and 58 percent in Ujung Pandang had asked their husbands if they could start working (or continue working in the case of the women who had been working when they got married). Similarly, a majority of women (77 percent in Jakarta and 67 percent in Ujung Pandang) reported seeking their husband’s permission to take (or keep) their current job. Virtually all of the women who worked said their husbands liked them to work (data not shown). However, among the women who worked, 14 percent in Jakarta and 5 percent in Ujung Pandang said their husbands had tried to prevent them from working at some time (data not shown).

6. Reasons for Working

Among the women currently working in Jakarta, most said they starting working because they needed the money (40 percent) or for personal satisfaction (31 percent). Among working women in Ujung Pandang, those reasons were reversed: nearly 44 percent said they starting working for personal satisfaction, while 34 percent said they did so for the income (data not shown).

7. Reasons For Stopping Work/Never Working

Among the women who had never worked or had stopped working, child care was the main reason women gave for not working (47 percent in Jakarta and 30 percent in Ujung Pandang) or for stopping work (38 percent in both cities). The other predominant reason women cited for stopping work was their husbands' request that they stop/not work (23 percent in Jakarta and 31 percent in Ujung Pandang) (data not shown).

Among the women who had never worked, not having enough skills or education to get a job was often cited as a reason for not working (23 percent in Jakarta and 30 percent in Ujung Pandang). In addition, 16 percent of women in Jakarta who had never worked and 22 percent of women in Ujung Pandang said they did not want to work. Some women (10 percent in Jakarta and 15 percent in Ujung Pandang) said they did not work because their husbands did not want them to work.

8. Desire To Change Work Status

All women in the study were asked if they would like to change their work status. Cross-tabulations of desired work status by current work status were produced for each city (Table 3.E.4). Women in both cities tended to want to maintain their current work status. Those who worked for income wanted to keep working (or to switch jobs), and those who did not work preferred not to have a job. Among the women in Jakarta, however, 18 percent of those not working said they would like to work, while only 4 percent of women who worked said they would prefer not to work. In Ujung Pandang the results were similar: of those women not working, one-quarter wanted jobs, while less than 3 percent of women who worked said they would rather not work. Thus it appeared that if women could achieve their desired work status, about 15 percent more women in both cities would be working.

Failure to use family planning did not appear to be a factor that kept women from working. In fact, women who were not working but wanted to work were more likely than others to be using family planning. Among non-workers who said they would like to work, three-quarters (76 percent) in Jakarta and two-thirds (66 percent) in Ujung Pandang were using family planning (data not shown). In comparison, among the overall study sample, the contraceptive prevalence was 69.5 percent in Jakarta and 62.3 percent in Ujung Pandang. The women who said they wanted to be working but were not tended to be younger, on average, than the women in the study populations in each city (data not shown). This indicates that younger women who are somewhat more likely to be using family planning are the women who would like to work if they

could. The burden of caring for young children probably made it more difficult for these women to engage in income-generating activities.

Table 3.E.4. Desired Work Status, by Current Work Status (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Desired work status	Current work status			
	Jakarta		Ujung Pandang	
	Currently working	Not working	Currently working	Not working
I want to work ³	93.8	17.8	95.3	25.4
I do not want to work	4.1	75.9	2.7	73.2
Other	2.1	6.3	2.0	1.4
Total	100.0	100.0	100.0	100.0
Number of cases	(97)	(303)	(149)	(213)

9. Participation in Earning Money for the Family

In most families, only the husbands participated in earning money for the family, as shown in Table 3.E.5. In only a very small percentage of families was the wife the only (or the predominant) source of income for the family. A larger percentage of women in Ujung Pandang than in Jakarta participated in earning money for the family.

³ This category includes women who would like to change jobs, but still want to work.

Table 3.E.5. Husbands' and Wives' Participation in Earning Money for the Family (in Percent), Jakarta and Ujung Pandang, Indonesia, 1996		
Who participates in earning money?	Jakarta	Ujung Pandang
Mostly/only husband	76.3	61.6
Both wife and husband	22.0	35.6
Mostly/only wife	1.8	2.7
Total	100.0	100.0
Number of cases	(400)	(365)

10. Income of Wives and Husbands

The monthly incomes reported by the women who worked for income were not, on average, a great deal lower than those of the husbands who worked, as shown in Table 3.E.6. Working women in Jakarta earned an average of 350,471 rupiah, compared to 491,686 for the working husbands in that city. The female-male difference in income was smaller in Ujung Pandang: 405,106 rupiah for women compared to 462,603 rupiah for men.

Table 3.E.6. Monthly Income of Women and Their Husbands (in Percent), Jakarta and Ujung Pandang, Indonesia, 1996.		
Income category (in rupiah)	Jakarta	Ujung Pandang
Women		
100,000 or Less	21.9	12.6
100,001 - 500,000	65.6	74.1
500,001 - 1,000,000	10.4	8.4
1,000,001 or More	2.1	4.9
Total	100.0	100.0
Women's mean monthly income (in rupiah)	352,471	405,106
Number of cases	(96)	(143)
Husbands		
100,000 or Less	5.6	7.0
100,001 - 500,000	70.6	71.0
500,001 - 1,000,000	17.2	16.7
1,000,001 or More	6.6	5.3
Total	100.0	100.0
Husband's mean monthly income (in rupiah)	491,686	462,603
Number of cases	(395)	(359)

11. Monetary Contributions to the Household

Women were asked about their own and their husbands' contributions to the household expenses (Table 3.E.7). In both Jakarta and Ujung Pandang, working husbands were more likely to contribute most of their income to household expenses than were working wives.

Table 3.E.7. Monetary Contribution to the Household Expenses (in Percent), Reported by Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Amount	Jakarta		Ujung Pandang	
	Respondent	Husband	Respondent	Husband
None	1.3	0.3	2.0	2.7
Half or less	17.5	12.7	41.3	15.1
More than half/all	79.4	87.1	56.7	82.2
Total	100.0	100.0	100.0	100.0
Number of cases	(97)	(395)	(150)	(370)

12. Economic Decision-making in the Household

As a further indication of a woman's autonomy in the household, women were asked whose will prevailed in economic decision-making in the household. With some exceptions, women in both cities were likely to report that decisions on a variety of economic issues were made either by themselves or jointly with their husbands (Table 3.E.8). Women in Ujung Pandang were more likely to report joint decision-making for economic issues than were women in Jakarta.

**Table 3.E.8. Whose Will Prevails in Making Economic Decisions in the Household (in Percent), According to V
Ujung Pandang, Indonesia, 1996**

Topic of economic decision	Jakarta					Ujung Pa		
	Wife	Husband	Both wife and husband	Other	No. of cases	Wife	Husband	Both v and husba
Buying/selling family property	54.5	41.0	4.5	--	(400)	5.5	24.5	59
Buying major appliances	55.0	35.8	9.3	--	(400)	17.3	27.1	54
What gift to give relatives	14.3	25.3	60.5	--	(400)	61.8	3.8	30
Buying children's party dress/shoes	26.5	16.3	57.3	--	(393)	62.4	5.2	22
Buying own party dress/shoes	13.0	12.8	74.3	--	(400)	82.4	2.2	12

Note: Percentages may not equal 100 due to rounding.

13. Economic Decision-making: Findings from the In-depth Interviews

According to the in-depth interviews, women in Jakarta, regardless of their family planning use or work status, said that a lot of the family's economic decision-making was in the hands of their husbands. This was true even for women who also "helped" their husbands by earning an income for the family. Women played an economic decision-making role regarding daily expenses, but often had to account to their husbands for the money they spent. Expenditures on large items were usually made by the husbands.

Some husbands in Jakarta felt that, while a woman should be responsible for purchasing daily necessities, actual control of household money should remain with the man:

"Keuangan emang dia yang nuntut. Kalo pagi ni ye, saya kasih 10 ribu atau 15 ribu, nah dah itu dah tugas belanja. Jadi yang pegang seluruhnya, saya. Kadang-kadang kalo kurang, atau mau beli apa, dia minta lagi. Untuk kebutuhan nya sendiri, minta juga. Isteri saya enggak pegang uang. Abis emang kebanyakan orang disini begitu. Jarang perempuan pegang duit / Indeed, she needs money. Every morning I give her Rupiah (Rp.)10,000 or Rp.15,000 for that day's expenses. Thus, I do control all the money. If that amount of money is not enough, she can ask for some additional money. For her own needs, she asks too. My wife does not control the money at all. Most people here in this neighborhood do the same thing as me. It is rare for a women to manage and control the money." (Suami bukan peserta KB, pekerja keluarga tak dibayar / husband of non-user who is an unpaid family worker)

"Kebutuhan sehari-hari enggak per hari ngasihnya. Kebutuhan itu per bulan. nanti misalnya mau perlu apa, minta. Uang bukan untuk keperluan harian, saya yang kontrol. / "I give her money for everyday household expenses every month. If she wants to buy anything else other than daily expenses, she has to ask me, because I am the person who controls the money." (Suami peserta KB, bekerja /husband of user who is working)

Other Jakarta husbands, however, relied on their wives to manage the household finances:

"Kite orang susah pan ya? Sumbernya hanya dari kita. Kita kasih keleluasan untuk mengelola uang saat ada aja. Soalnya kita saling percaya. Kalo enggak saling percaya, buat apa berkeluarga?/ I am a poor person. I am the only one who works. I trust her to manage and control the money at the time I have the money. The important thing is trusting each other. Otherwise, why raise a family?" (Suami eks peserta KB, tidak bekerja / husband of non-working ever-user)

"Emang penghasilan bareng-bareng. Soalnya sama-sama kerja berdua. Keuanga emang die yang pegang. Kalo kite yang pegang tambah bures / We pool our income because both of us are working, and she is the manager of the household income. I cannot manage it because I don't know anything about household expenses." (Suami eks-peserta KB, bekerja / husband of non-user who works)

Many husbands in Jakarta described their wives as managers of family money, but affirmed that women do not make major independent financial decisions. For example, a husband in Jakarta explained:

"Soal uang, isteri saya yang atur untuk keperluan rumahtangga dan harus sesuai kebutuhan. Tapi tetap harus ada laporan beli ini, beli itu. Jadi untuk keperluan rutin kewenangan ibu./ My

wife manages and controls the money for daily household expenditures and it must be according to our needs. However, she has to let me know the use of the money. But, for daily expenditures it is my wife's authority.”(*Suami peserta KB, tidak bekerja* /husband of non-working user)

Similarly, several women in Jakarta described how they controlled money for everyday expenses, were also responsible for making that amount of money meet the family's needs, and must request money and permission from the husband for larger expenses:

“Soal keuangan yang terima ya saya. Bapaknya cuma pegang uang rokoknya saja, yang kadang-kadang lebih gede dari buat belanja. Kalo ada sisa dari uang belanja, kalo saya kepingin belanja buat sendiri, saya ngomong dulu sama suami saya. Begitu juga untuk anak-anak, saya juga mesti ngomong ama suami dulu/. It is me who receives the household income. My husband only has his own money for cigarettes which sometimes is bigger than for household expenses. But if I want to buy something for myself from the savings from household expenses, I have to ask him first. I do the same for the children. “(Eks-peserta KB, bekerja / ever-user, working)

“Saya punya kebebasan, tapi yang penting saya harus ijin dulu. Kebetulan suami saya pengertian. Tidak semua saya harus minta ijin. Kalau ada uang dibeli. Perhiasan, baru saya minta ijin. Menentukan pakaian anak, terserah saya. Tapi harus tanya pendapatnya juga./ I have the freedom to manage and control the household income. However, I have to ask first if I want to spend it for non-household expenses. Buying children's clothes is up to me, although I have to ask his opinion.” (Peserta KB, bekerja / user, working)

“Masalah beli baju anak-anak, keperluan-keperluan, saya sendiri memutuskan. Bapaknya cuma kasih uang aja. Uang itu bebas saya gunakan. Kan saya yang ngatur di rumah. Asal enggak dipakai yang enggak-enggak. Kalau di luar batas kita belanjanya dia perlu tahu. Tapi kalau uangnya enggak lebih saya enggak berani./ Buying children's clothes and other household expenses I decide it by myself. My husband gives me the money and I am free to use it, because I am the homemaker, on the condition I don't use it for nothing. If I spend it for other than household expenses, then I have to let him know. I can do it only if I have extra money for it.”(Peserta KB, tidak bekerja/ user, not working)

In general, Jakarta women who worked seemed to have more discretion in economic decision-making for their personal needs than Jakarta women who did not earn any income. However, they tended to focus on the needs of their families, particularly their children, if their income was not enough to spend for their own personal needs. Two women from Jakarta made this point:

“Kalau dibilang leluasa ya leluasa. Tapi saya sendiri enggak terlalu banyak keinginan. Yang saya pikirkan bagaimana saya bisa punya rumah, mendidik anak. Ya, mulai disiplinlah / Yes, you could say that I am free to spend the household income, but I myself do not have many personal needs. What I am thinking about now is how can we have our own house, how can I give better education to my children. Hence, I have to be disciplined.” (user, working, owns an enterprise with two employees)

“Kan ibu bantu-bantu bapak kerja ya. Uangnye sih ditangani bapak. Untuk belanja sehari-hari, pagi-pagi dikasih. Untuk bayar listrik, bayar uang sekolah anak-anak sih urusan bapak. Saya sih tahunya ada uang, tapi enggak mau ngambil sendiri, maunya minta aja. Tapi kalo untuk anak-anak, bisa gambil dulu, entar bilang. Kalo mau beli kebutuhan saya, saya minta / I am

helping my husband to earn a living. It is my husband who controls the money. He gives me some amount of money every morning for that day's expenses. The electricity bill, the children's tuition fee are my husband's responsibility. I never take money for myself. For my children, I do take the money from my husband's pocket but I have to report it to him afterwards. If I want to buy something for myself, I ask him." (*Bukan peserta KB, pekerja keluarga tidak dibayar / non-user, unpaid family worker*)

Women from Ujung Pandang who worked tended to have more flexibility with their own incomes, as their husbands said that they never saw their wives' salaries. From the point of view of working women themselves, it seemed that they were more concerned with household needs than with their own personal needs. Most said their salaries were pooled together with their husbands' salaries to meet household needs. Both working women and those who did not work seemed to be responsible for managing daily household expenses.

Working women in Ujung Pandang:

"Kalau gaji saya, tidak digunakan untuk sendiri, tapi untuk keperluan bersama, digabung dengan punya bapak. Tapi kalau untuk perbaikan rumah, bapak yang tanggulangi. Dia ndak pernah ngontrol gaji sebulan yang dikasih ke saya. Uang di luar gaji saya tidak pernah ganggu. Kalau ada kekurangan saya bilang. Tapi dia enggak pernah nanya. Kalau saya minta ya dikasih, sepanjang dia ada. Sebelum kerjapun dia juga begitu./ I use my salary not for my own needs. I use it for all household members' needs. Mine and my husband's are pooled together. However, the budget for house repair comes from his extra income, which I never ask about. On the contrary, he never tries to control his income that he gives to me. If I need some additional money during the month, I just ask him and he gives it without questioning, as long as he has the money. This precedent had already been set before I started to work." (*Peserta KB, bekerja/user, working*)

"Ya, sebenarnya kita itu leluasa menggunakan. Tapi namanya kita ibu rumah tangga. Biar bagaimana leluasa, jelas kita pakai untuk kebutuhan rumah tangga, makanan sehari-hari. Memang, penghasilan digabung tapi tetap di kapling toh? Ini saya memanfaatkan untuk ini, ini untuk rumahtangga, ini untuk ditabung disisihkan walaupun sedikit, yah sewaktu-waktu ada kebutuhan mendadak gitu. Yang paling utama mengelola ya ibu rumah tangga. Jadi gajinya bapak diserahkan dulu sama ibu, nanti ibu yang beri kan untuk bapak, ini untuk dompetnya bapak, tinggal bapak yang atur. Kalau ada uang kaget, rejeki datang tiba-tiba gitu, dia kasih semua, tinggal ibu yang atur. Itu sama seperti dulu sebelum saya bekerja./ Although I am free to use the household income, I am only free to manage the daily household expenditures. We pool our incomes, but I have to divide it according to our needs I also put aside some amount of money whenever I can, as savings. That way, if there is a sudden extra cost, we are prepared for it. Thus, my husband's income is given to me first, and pooled together with mine. I divide it into parts and then give him his part. It is then up to him to manage it. If he has some extra money, he gives it to me, then I manage it. This has been happening since before I worked." (*Bukan peserta KB, bekerja / non-user, working*)

"Dananya digabung dan penggunaannya tergantung dari kebutuhan-kebutuhan yang mana yang paling perlu diutamakan dan yang tidak perlu ditunda saja. Ya semuanya mengontrol. Artinya saya berusaha jangan sampai uangnya habis sebelum waktunya. Prinsipnya sama sebelum dan sesudah KB./ We use pooled household income and the use of it is based on the

priority. Both of us are trying to use it effectively. In doing so, we hope the money does not run out before the end of the month.” (*Eks peserta KB, bekerja / ever user, working*)

Ujung Pandang women who did not work for income said:

“*Tiap harinya dikasih uang belanja Rp.10,000, begitu. Tapi dia tidak tanya-tanya lagi, untuk apa saja uang itu. Itu untuk ikan dan sayur. Untuk yang lain-lain di luar itu. Biaya anak-anak di atur oleh bapak sendiri. Dia lakukan itu karena dia bukan pegawai, tapi punya usaha sendiri. Kalau dari uang Rp.10,000 itu ada sisa, untuk tabungan anak-anak. Ya, saya sisakan sedikit-sedikit. Kalau mau beli barang barang, sama-sama. Yang menentukan beli ini, beli itu saya, tapi uangnya dari bapak / Every day he gives me money, Rp.10,000, for daily household expenditures. He never asks me about the use of this amount of money. It is just used for daily meals. He manages the children’s school expenditures. He does this because he is not an employee, but self-employed. The savings from the Rp.10,000, if any, I put into the children’s bank accounts. Yes, slowly savings accumulate. If we want to buy something other than the daily meal expenditures, we go to the shopping center together. I decide what we want to buy, and he gives me the money.*” (*Bukan peserta KB, tidak bekerja / non-user, not working*)

“*Gaji bapak dikasih semua sama saya, saya bebas menggunakannya. Hanya kalau dia tanya, saya beritahu beli ini, beli ini. Jadi saya yang pegang uang, tapi uang itu harus diketahui untuk apa saya gunakan /His salary is given to me and I am free to spend it. If he asks about it, I have to be able to show him that the money had been used for this and this. So, I keep and spend the money, but my husband must know how it is used.*” (*Eks peserta KB, tidak bekerja /non-user, not working*)

Most husbands from Ujung Pandang said their wives, working or non-working were responsible for managing the household finances and making the available money stretch to meet the family’s needs. Women seem to be responsible for day-to-day expenditures, not extra expenses or frivolous needs:

“*Dia minta duit sama saya, kalau dia lihat saya lagi santai, tidak dalam keadaan serius memikirkan pekerjaan. Duit untuk keperluan anak-anak, mau beli ini, beli itu, boleh. Saya suruh kasir untuk kasi duit, berapa dia minta, Rp.400,000, Rp.500,000 saya kasih. Betul-betul uang yang dia keluarkan itu untuk anak. Malah dirinya sendiri, saya lihat, dia abaikan. Yang penting, dia pikirkan anaknya. Jadi uang yang dia minta dari saya dipergunakan semestinya. Jadi, kalau dia pergunakan untuk anaknya, buat apa saya harus kontrol?/ She asks me for money when she sees I am relaxed, not in a busy situation. However much she asks for, Rp.400,000, Rp.500,000, I give it to her. The money she asks for is for the children’s needs, not for herself. The important thing is, she always thinks about her children. So, since she really uses it for the children, there is no point in my controlling the money.*” (*Suami bukan peserta KB, tidak bekerja / husband of non-user who is not working*)

“*Isteri yang memegang uang, bukan saya. Karena, habis terima gaji dia yang bisa ambil di kantong. Tapi tidak semuanya sebab saya juga memegangnya juga/ It is my wife who keeps the money, not me. Usually after I get my salary, she takes the money from my pocket, but not all of it, because I still keep some of it.*” (*Suami eks peserta KB, tidak bekerja / husband of ever-user, non-working wife*)

Wives who worked were not viewed by their husbands as supporting the family. Many husbands of working women saw their wives' income as "extra" money. For example, a man from Ujung Pandang explained:

"Penghasilan isteri saya, ndak pernah saya campuri. Kalau penghasilan saya, saya serahkan semua. Ada juga penghasilan saya yang saya gunakan sendiri. Uang itu bukan dari tugas pokok. Penghasilan tambahan itu saya manfaatkan sendiri / I never intervene in my wife's salary. My own salary is given to her, while my extra income I keep for myself for my own needs." (Suami eks-peserta KB, bekerja /husband of ever-user who works)

14. Knowledge and Use of Loans.

Another aspect of economic autonomy for women measured in this study was women's knowledge of sources for loans in their communities, and their use of such loans. In each city, over half of the women said they knew of a loan source in their community (53 percent in Jakarta and 56 percent in Ujung Pandang) (data not shown). Those who knew of a loan source were asked if they had ever participated in a loan program. Among women who said they knew of a loan source, 51 percent in Jakarta and 37 percent in Ujung Pandang said they had participated in a loan program (data not shown). The most commonly noted sources of loans were Koperasi Simpan Pinjam (savings and loan cooperative), rotating credit club (*arisan*), bank loans (more common for women in Ujung Pandang) and loans from relatives.

Nearly three-quarters (73 percent) of the women who had taken a loan in Ujung Pandang said their husband's written approval was required for the loan. In Jakarta, only 26 percent of the women said their husbands' approval was required for the loan (not shown). For the most part, these loans were not for women only. Main uses for the loans in Jakarta included investment in children's education (41 percent), the family business (19 percent), and the woman's business (12 percent). In Ujung Pandang, women said they used the loans primarily for home repairs (47 percent), children's education (19 percent), and investment in the woman's business (16 percent).

Summary of Section E

In both Jakarta and Ujung Pandang, husbands (or men) were considered the household heads and were more likely than their wives to work and to contribute most or all of their income to the household. The division of labor in the household fell along fairly traditional gender lines, with women (or household members other than the husband) doing most of the housework. Wives were particularly involved in child care and cooking. Most women who worked had asked their husbands' permission to do so. If women could attain their desired work status, about 15 percent more women would be working in each city. The women who were more likely to say they wanted to join the labor force were younger women who were somewhat more likely than the average woman to be using family planning. Women were involved in making economic decisions in their households; in fact, a significant number said their wishes prevailed in making economic decisions.

The in-depth interviews found that some women had economic autonomy in decision-making regarding daily expenditures (but not necessarily large expenditures). Still, many women said they had to account to their husbands for how they spent the money. Women, even those who earned their own income by working, tended to put their families' needs before their own needs when allocating economic resources.

F. Women's Social Autonomy in the Household

Various aspects of women's social autonomy in the household were measured in this study. These aspects included husband and wife communication, decision-making on social issues, the husband's involvement in family planning, spousal agreement on the number of children the couple has or wants to have, and women's participation in community activities.

1. Husband And Wife Communication

An important part of women's autonomy in the household is their ability to communicate with their spouses on a number of issues, including household activities, the children, family planning and personal problems. Women in both cities reported that their communication with their husbands was good (data not shown). They said they could talk freely with their husbands about economic issues (daily household expenses and expenditures on expensive consumer items, financial problems), on the division of household labor, on social issues (problems their children are having, the children's schooling), and on personal problems (marital problems, sex, the extended family, job problems). With the exception of personal problems, over 95 percent of the women in both cities said they could talk freely with their husbands. Sex was the most difficult issue to discuss, yet 87 percent of women in Jakarta and 83 percent of women in Ujung Pandang said they could talk freely with their husbands about sex. Fewer than 3 percent of women in either city said their husbands did not respect their opinions on these topics (data not shown).

Women were asked if using family planning had made any difference in their communication with their husbands. Among the women who used family planning, women in Ujung Pandang were much more likely to say that their husbands had become more receptive to their opinions since they started using family planning (57 percent) than were women in Jakarta (27 percent). Most women in Jakarta (71 percent) said using family planning had made no difference in how responsive their husbands were to their opinions (compared to 41 percent in Ujung Pandang) (data not shown).

Results from the in-depth interviews also revealed that wives and husbands communicate on a variety of topics, but the communication, as shown in the next section on social decision-making (and as shown in section E on economic decision-making), was characterized by wives' getting their husbands' opinions on most matters and getting their permission for social activities.

2. Social Decision-making in the Household

As a further indication of a woman's autonomy in the household, women were asked whose wishes prevailed in social decision-making in the household (Table 3.F.1). With some exceptions, women in both cities were likely to report that decisions on a variety of social issues were made either by themselves or jointly with their husbands. Women in Ujung Pandang were more likely to report joint decision-making for social issues than were women in Jakarta. Interestingly, in Jakarta, 56 percent of women reported that their husband's wishes prevailed when making the decision to have another child; only 16 percent said their joint decision would prevail in making the decision. In Ujung Pandang, on the other hand, 77 percent of the women said they would make childbearing decisions together with their husbands.

Table 3.F.1. Whose Wishes Prevail in Making Social Decisions in the Household, According to Women in Ujung Pandang, Indonesia, 1996.

Topic of social decision	Jakarta					Ujung P		
	Wife	Husband	Both wife and husband	Other	No. of cases	Wife	Husband	Both and husband
Having another child	28.0	56.3	15.8	--	(400)	9.9	9.4	76
Children's schooling	54.2	35.6	10.2	--	(400)	16.0	20.4	50
Taking child with fever to the doctor	24.9	44.3	30.8	--	(393)	26.3	17.2	59
Travel for self outside community	58.5	15.0	26.5	--	(400)	12.1	46.2	40

Note: Percentages may not equal 100 due to rounding.

3. Social Decision-making: Findings from the In-depth Interviews

Despite the findings from the survey on social decision-making shown in Table 3.F.1, in the in-depth interviews, many women in Jakarta indicated that they have minimal influence in social decision-making. The women and husbands agreed that husbands were dominant in decision-making on a variety of social issues. Women seemed to have independent opinions, but they did not act independently. This situation regarding decision-making tended to be true regardless of family planning and work status. Women in Ujung Pandang tended to engage in more joint decision-making with their husbands than women in Jakarta, although again, many women said they would not make social decisions without getting their husband's opinion. Women who never worked and never used contraception seemed to have the least ability to make independent decisions.

Jakarta:

“Sebagai isteri saya enggak punya kebebasan untuk memutuskan sesuatu sendiri. Saya selalu nanya dulu. Kalau cuma untuk menilai sih bisa / As a wife, I have no freedom to decide something by myself. I have to ask his permission.” (Peserta KB, tidak bekerja / user, not working)

“Ia tak bebas tentukan sendiri. Harus ijin. Jangan ambil tindakan sendiri, meski tujuannya bagus / She is not free to decide everything by herself. She has to ask my permission. She can't ever make any decision without permission, although she may think its purpose is good.” (Suami peserta KB, tidak bekerja / husband of non-working user)

“Enggak, enggak, segala sesuatu nanya dulu. Jadi seumpamanya dia enggak setuju, kita enggak bisa mutusin sendiri...Kan bapak nanti marah/ No, no everything I want to do I have to ask his permission. I cannot decide everything for myself...He will be angry.” (Bukan peserta KB, pekerja keluarga tidak dibayar/non-user, unpaid family worker)

“Kadang-kadang kalo kita emang enggak cocok kita enggak kasih / Sometimes, if I feel uncomfortable with her idea, I won't let her do it.” (Suami bukan peserta KB, pekerja keluarga tidak dibayar / husband of non-user, unpaid worker)

Ujung Pandang:

“Tidak pernah bapak melarang pergi ke kegiatan seperti senam. Yang penting katanya kau jalan yang baik / He never forbids me to participate in activities, such as aerobics. He says the important thing is that I really do such an activity.” (Peserta KB, tidak bekerja / user, not working)

“Setelah pakai KB, dia juga aktif dalam kegiatan organisasi--Darma Wanita di kantor, PKK, arisan / Since she began using family planning method, she has been joining social activities, such as Dharma Wanita at my office, PKK, and arisan.” (Suami peserta KB, tidak bekerja / husband of user who is not working)

“Saya rasa saya ndak punya kebebasan/ I think I do not have any freedom to do everything.” (Bukan peserta KB, tidak bekerja/ non-user who is not working)

“Pengambilan keputusan oleh suami itu yang penting. Tidak mutlak isteri memutuskan sendiri./ The husband’s decision-making is very important. The wife cannot make any decisions.” (Suami bukan peserta KB, tidak bekerja/ husband of non-user who is not working)

“Kita punya rumahtangga, kita memilih apa saja yang kita mau, kita senang. Biar bagaimanapun, kita minta usul dari bapak, bagaimana kira-kira yang bagus kita tetap inginkan komunikasi dengan bapak. Sebenarnya kita bebas, cuma kita menilai bahwa kita punya suami, karena kita menghargai suami kita tetap kita tanya sama suami. Bapak paling bilang terserah. Kalau kita sampaikan kan bapak juga merasa senang. Itu tujuan berkeluarga. Itu terjadi sejak kawin / In household life, I can choose whatever I like, whatever I want to do. However, I have to ask my husband first, what his opinion is because I want to have communication with him. Although I am free to do everything, I realize that I am not alone now. I have husband, and I appreciate his opinion. He usually says it’s up to me. If we make ends meet, he feels content. That is an honest family. That is what happens after marriage. That is why I have to ask him.” (Bukan peserta KB, bekerja / non-user, working)

“Saya tidak pernah menekan, bahwa harus begini dalam bidang ini. Kami beri kebebasan berpikir, berbuat apa yang baik bagi keluarga / I never force her to do this, to be like this. I give her the freedom to think and to do what is the best for the family.” (Suami bukan peserta KB, bekerja /husband of non-user who works)

“Menentukan? Saya rasa tidak bu. Jelas ada yang namanya diskusi berdua. Artinya kami berunding dulu./ Decide on my own? No, I don’t think so. We discuss everything we want to decide.” (Peserta KB, bekerja / user, working)

“Kalau kita lihat baik, ya saya setuju saja./ If I think it is good for us, I agree with her.” (Suami peserta KB, bekerja /husband of user who is working)

“Kalau saya ada keinginan, ya harus dibicarakan sama bapak. Saya ndak sembunyi-sembunyi. Saya sama bapak terbuka. Dia kalau ada keinginan juga bicara sama saya./ If I want to do something, I have to talk to him first. I am not sneaky. I am open with him and he is also open with me.” (Eks peserta KB, tidak bekerja / ever-user, non-working)

“Saya tidak terlalu membatasi ibu untuk bergerak. Fleksibel-lah. Apa yang dianggapnya baik, baiklah./ I never limit her from doing anything. If she thinks it is good for her, it’s okay with me.” (Suami eks peserta KB, tidak bekerja /husband of ever-user, not working)

“Saya bebas. Bapak tidak melarang saya pergi ke luar kota jalan-jalan sama teman-teman. Kalau saya memilihkan anak sekolah misalnya di SMP mana saya juga bebas./ I am free to decide. My husband never forbids me to do anything, like going out of the city with friends or choosing which school my children go to.” (Eks peserta KB, bekerja /ever-user, working)

“Ah ibu saja bagaimana. Jadi, kita berikan kebebasan. Kalau dikatakan baik, oke-lah, jangan dikatakan baik, lalu kita katakan....kan bisa bentrok./ It’s up to her. I give her the freedom to think. If she says something is good, okay, I follow her. I don’t want to say it’s not good, we will fight then.” (Suami eks peserta KB, bekerja /husband of ever-user who is working)

4. Husbands' Involvement in Family Planning

Another aspect of social autonomy for women is the ability to discuss family and negotiate family planning use with their husbands. About two-thirds of the women in both cities said they had asked how their husbands felt about family planning (Table 3.F.2). Over 83 percent said their husbands approved of family planning. However, few women (21 percent in Jakarta and 15 percent in Ujung Pandang) said they had asked their husbands to use family planning, indicating that family planning is considered the responsibility of the wife.

Table 3.F.2. Husbands' Involvement in Family Planning (in Percent), According to Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Item	Jakarta	Ujung Pandang
Ever ask husband how he feels about family planning?		
Yes	63.8	68.9
No	36.3	31.1
Total	100.0	100.0
Number of cases	(400)	(367)
Does husband approve of family planning?		
Approves	87.3	82.7
Disapproves	10.5	12.1
No opinion	0.8	3.8
Don't know	1.5	1.4
Total	100.0	100.0
Number of cases	(400)	(364)
Ever ask husband to use family planning?		
Yes	20.5	14.5
No	79.5	85.5
Total	100.0	100.0
Number of cases	(400)	(365)

When asked who was the most influential person in deciding on the last family planning method used by the couple, most women said that either they had decided themselves (61 percent in Jakarta and 43 percent in Ujung Pandang) or that they had decided jointly with their husbands (24 percent in Jakarta and 46 percent in Ujung Pandang) (data not shown).

Women who had never used family planning were asked how their husbands would react if they started to use family planning. Among the 43 women who responded in Jakarta, 43 percent said their husbands would agree or would leave the decision to their wives. Among the 93 never-users in Ujung Pandang, 46 percent said the same thing. Others said their husbands would be upset because they want more children or that they would worry about side effects, among other reasons (data not shown).

5. Spousal Agreement on Number of Children

Nearly three-quarters of the women in both cities said they were in agreement with their husbands about the number of children they either had or wanted (Table 3.F.3). Among the spouses who disagreed on the number of children they had, husbands were more likely in both cities to want more children than their wives (64 percent in Jakarta and 75 percent in Ujung Pandang) (data not shown).

Table 3.F.3. Spousal Agreement on Number of Children (in Percent), According to Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Level of agreement	Jakarta	Ujung Pandang
Spouses agree	76.3	78.8
Spouses disagree	23.8	21.2
Total	100.0	100.0
Number of cases	(400)	(353)

6. Women's Participation in Community Activities

Another aspect of women's social autonomy is their ability to participate in activities outside the household or family sphere. Virtually all women agreed that it is good for women to participate in community activities outside the home (95 percent in both cities). About 85 percent of women in both cities said they participated in community activities. Over 95 percent of those women said their husbands approved of their participation in community activities (not shown).

Around 85 percent of the women in both cities said they participated in some type of community activity (data not shown). Of those women who participated in some community activity, 80 percent of the women in Jakarta said they participated in religious activities, compared to 56 percent in Ujung Pandang (Table 3.F.4). In Ujung Pandang, 81 percent of the women said they participated in *arisan*, rotating credit clubs (compared to 58 percent of women in Jakarta). Similar percentages of women in Jakarta (22 percent) and Ujung Pandang (19 percent) said they participated in the PKK (Family Welfare Improvement Program). Only a few women in each city reported holding positions of leadership in community organizations (data not shown).

Table 3.F.4. Participation in Community Activities, by Activity (in Percent), Among Women Who Reported Participation in Community Activities, Jakarta and Ujung Pandang, Indonesia, 1996.

Type of activity	Jakarta (N=340)	Ujung Pandang (N=336)
Religious activities	80.3	55.5
Rotating credit association	57.9	81.1
PKK ⁴	21.5	19.3
Dharma Wanita/Persit/Yalasanastri /PIA/ Wanita Bhayangkara ⁵	5.9	20.1
Posyandu/UPGK/Karang Balita ⁶	11.5	6.3
Cultural activities	4.7	11.7

Summary of Section F

There appeared to be a high level of “social harmony” in the families of the women in this study. Communication between husbands and wives in Jakarta and Ujung Pandang was, according to the women, open and free, although men were the dominant decision-makers. Women said that they could discuss many aspects of life with their husbands. Women tended to participate in decisions about social issues. Interestingly, on the survey women indicated that they thought their opinions were valued by their husbands, but in the in-depth interviews many women (and men) portrayed a situation in which husbands must be asked about everything from spending money to issues with the children to social activities. While husbands were not generally involved in use of family planning, most women had discussed family planning with their spouses and said their husbands approved of family planning. Most couples agreed on the number of children they had or wanted to have. Most women participated in some type of community activity with the support of their husbands.

⁴ PKK = Family Welfare Improvement Program

⁵ Dharma Wanita = Association of wives of airforce personnel, Wanita Bhayangkara = Association of wives of police officers

⁶ Posyandu = Integrated health post for family planning and MCH services, UPGK = effort to improve family nutrition, Karang Balita = program for children under five years of age.

G. The Effect of Family Planning and Work on Women's Economic and Social Autonomy

Thus far, each of the components of the model relating family planning and work to women's empowerment has been discussed separately. In this section, family planning and work status are combined for analysis. Family planning and work are also related separately to each component of the conceptual framework.

1. Work and Family Planning

As shown in Table 3.G.1, the largest percentage of women in both Jakarta and Ujung Pandang did not work, but did use family planning. The smallest percentage of women in both cities worked and did not use family planning.

Table 3.G.1. Work and Family Planning Use Status (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Work/family planning status	Jakarta	Ujung Pandang
Does not work/does not use FP	24.3	22.9
Works/does not use FP	6.3	14.6
Does not work/uses FP	51.5	35.8
Works/uses FP	18.0	26.6
Total	100.0	100.0
Number of cases	(400)	(349)

As indicated in Table 3.G.2, working women were more likely to be family planning users than non-users. However, regardless of their work status, the large majority of women tended to be using family planning. It appears that working women are more likely to be using family planning than non-working women. However, cross-tabulations of family planning use and work (for both the total study sample and separately by city) showed no statistically significant difference in family planning use between women who worked and those who did not work. Given the pervasiveness of Indonesia's family planning program and the high rates of contraceptive use in these two study areas, it is not surprising that no statistically significant linkages were found between family planning use and work status.

Table 3.G.2. Family Planning Use (in Percent) among Working and Non-Working Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Current family planning use	Jakarta		Ujung Pandang	
	Currently working	Not working	Currently working	Not working
Currently using FP	74.2	68.0	64.6	61.0
Not using FP	28.8	32.0	35.4	39.0
Total	100.0	100.0	100.0	100.0
Number of cases	(97)	(303)	(144)	(205)

The variables used to analyze each component of the conceptual framework are listed in Table 3.G.3. These variables were chosen based on three factors: 1) the theoretical link between the variable and the framework component; 2) the number of responses (due to skip patterns, some other potential variables were not measured for all, or for a sufficient number, of the respondents); and 3) the level of variation in the responses (variables in which over 90 percent of the respondents gave the same answer were excluded from consideration because they would not be useful to explain differences among respondents).

Table 3.G.3. Definitions of Variables Used to Measure the Conceptual Framework.

Framework component and variable name	Definition
Family planning use	Current use = 1 Current non-use = 0
Employment status	Currently work = 1 Currently do not work = 0
Sociodemographic background	
Respondent's age	Age in years (30-45)
Respondent's education	Level of education. No schooling = 0, university graduate = 5
Spouse's education	Level of education. No schooling = 0, university graduate = 5
Household SES index	Minimum score = 0, Maximum score = 25 Index compiled by summing weighted values for electricity (1,300 watts = 3, 900 watts = 2, 450 watts = 1, none = 0), toilet facilities (flush = 4, water sealed = 3, non-water = 2, other = 1, none = 0), and ownership of consumer goods (radio (x1), TV (x2), refrigerator (x4), bicycle (x2), motorcycle (x3), & car (x6))

Table 3.G.3 continued. Definitions of Variables Used To Measure the Conceptual Framework.

Framework component and variable name	Definition
Social autonomy in the household	
--Husband given priority for food in the household	No = 1 Yes = 0
--Whose wishes prevail in social decision-making	Wife's will prevails = 3 Decision made jointly = 2 Husband/other will prevails = 1 Weights: child to doctor (x1), sending children to school (x2), if wife can travel outside community (x2), having another child (x3)
--Communicated with husband about family planning	Yes = 1 No = 0
--Ever asked spouse to use family planning	Yes = 1 No = 0
--Spouses agree on number of children	Yes = 1 No = 0
--Respondent participates in community activities	Yes = 1 No = 0
Economic autonomy in the household	
--Ownership of house	Owned by wife/her family = 2 Owned by husband/his family/other = 1
--Husband/wife level of participation in earning money for the household	Only/mostly wife = 3 Both wife and husband = 2 Only/mostly husband = 1
--Respondent contributes to the family expenses	Most/all = 2 Up to half = 1 None = 0
--Whose wishes prevail in economic decision-making	Wife's wishes prevail = 3 Decision made jointly = 2 Husband/other wishes prevail = 1 Weights given: party shoes for children (x1), party shoes for self (x2), major appliance (x3), family property (x5).
--Respondent knows a loan source in the community	Yes = 1 No = 0

The variables listed in Table 3.G.3 were analyzed with family planning use status and current work status. To measure the level of association among the variables, cross-tabulations were produced of current work and family planning status with each variable. The cross-tabulations were done separately for women in Jakarta and in Ujung Pandang. Chi-square tests were used to measure the significance of difference for each relationship. Table 3.G.4 summarizes the associations of family planning and work status with aspects of women's social and economic autonomy in the household. Table 3.G.4 also shows the relationship between sociodemographic background information and women's family planning and work status.

Results showed that in both Jakarta and Ujung Pandang, family planning use was significantly and positively associated with one aspect of women's social autonomy -- the wife having asked her husband how he felt about family planning -- and one aspect of economic autonomy -- the wife's wishes prevailing in economic decision-making in the household. In addition, in Ujung Pandang only, women who used family planning were significantly more likely than non-users to have asked their husbands to use family planning, a component of social autonomy. Family planning users in Ujung Pandang were also more likely to be contributing money to the household income and to know a loan source in the community (both components of economic autonomy).

Generally, current work status was positively associated with more aspects of women's economic and social autonomy than was current family planning use status. In both cities, women who worked were more likely to participate in earning money for the household and to contribute to household expenses than non-working women (both aspects of economic autonomy). And in Ujung Pandang only, working women were more likely to know of a loan source in their community.

Work status was also associated with some components of social autonomy. In Ujung Pandang, women who worked were more likely than non-working women to have asked their husband to use family planning and to participate in community activities. Unexpectedly, in Jakarta only, women who worked were less likely to report that their will prevailed in social decision-making than women who did not earn income. In Ujung Pandang, on the other hand, working women were more likely to have social decision-making power.

Table 3.G.4. The Relationships between Women's Work and Family Planning Status and Aspects of Women's Economic and Social Autonomy in the Household, and Sociodemographic Background, Jakarta and Ujung Pandang, Indonesia, 1996.

Item	Current family planning use status ⁷		Current work status ⁸	
	Jakarta	Ujung Pandang	Jakarta	Ujung Pandang
Social autonomy in the household				
Husband given priority for food				
Whose wishes prevail in social decisions			-	
Have asked husband how he feels about FP	+	+		
Have asked husband to use FP		+		+
Spouses agree on number of children				
Respondent participates in community activity				+
Economic autonomy in the household				
Husband/wife level of participation in earning money for the household		+	+	+
Respondent contributes to family expenses			+	+
Whose wishes prevail in economic decision-making	+	+		
Respondent knows loan source in community		+		+
Ownership of home				
Sociodemographic background				
Respondent's age	-			
Respondent's education			+	+
Household SES index				+
Husband's education				

Note: Significance of difference measured with a chi square test. + indicates a statistically significant (p<.05) positive association. - indicates a statistically significant (p<.05) negative association. Blank cell indicates that the chi square test indicated no statistically significant difference.

⁷ Current family planning use status = currently using a method/currently not using a method

⁸ Current work status is: working/ not working

2. Women's Perceptions of Life Satisfaction

Women were asked about their level of satisfaction with various aspects of their lives. As shown in Table 3.G.5, it appears that women in both cities were satisfied with most aspects of their lives. It should be noted that expressions of dissatisfaction in Indonesia are not generally forthcoming from women (Hull, 1997). However, even taking the category "fairly satisfied" as a sign of dissatisfaction, it appears that nearly three-quarters of women in Jakarta are satisfied with most aspects of their lives. The exceptions are leisure/recreation and housing. In Ujung Pandang, women were more likely to express dissatisfaction with aspects of their lives, again, particularly in leisure/recreation and housing.

Factor analysis was conducted on the life-satisfaction variables noted above. This statistical technique is used to identify a relatively small number of factors that can be used to represent relationships among sets of many interrelated variables. Factor analysis also helps find labels that characterize responses to related groups of variables.

The factor analysis found two factors to which the variables related. One characterized the family/personal variables (life as a whole, marriage, children, house), and the other characterized the social/religious variables (neighborhood, friends and religious life). These two factors were used to produce cross-tabulations with family planning use and with work status to measure the association, if any, between those variables and life satisfaction. None of the cross-tabulations were found to be statistically significant for either city, indicating that a woman's working situation and her use of family planning were not directly related to her sense of satisfaction with various aspects of her life. These measures of life satisfaction were very simple; perhaps a more detailed set of questions could better measure life satisfaction and thus its possible association with family planning and work.

Table 3.G.5. Reported Level of Satisfaction with Various Aspects of Life (in Percent), Women in Jakarta and Ujung Pandare, Indonesia, 1996.

Aspect of life	Jakarta				Ujung Pandare	
	Very / satisfied	Fairly satisfied	Dissatisfied	No. of cases	Very / satisfied	Fairly satisfied
Life as a whole	71.6	21.8	6.8	(400)	62.1	35.2
Own health	79.0	17.5	3.5	(400)	56.4	37.5
Leisure/recreation	57.8	36.0	6.3	(400)	35.4	55.4
Marriage/relationship	81.3	17.0	1.8	(400)	81.7	17.8
Children/aspirations for their future	76.4	17.0	6.6	(393)	65.4	32.7
House you live in	56.1	19.5	24.6	(400)	54.3	35.8
Neighborhood/community	70.8	27.3	2.0	(400)	53.7	45.8
Relationship with friends outside the family	74.8	24.3	1.0	(400)	55.6	44.4
Involvement in religious life	71.8	22.3	6.0	(400)	55.5	39.8

H. Women's Perceptions of How Their Lives Would Have Been Different if They Had or Had Not Used Family Planning.

Because the effect of family planning on women's lives might be indirect, women in this study were asked how they thought their lives might be different if they either had or had not used family planning. As shown in Table 3.H.1, women who used family planning thought their lives would be different if they had not used family planning (69 percent of women in Jakarta and 77 percent in Ujung Pandang). Among the women who had not used family planning, the opposite was true: they did not think that their lives would be any different had they used family planning.

Among ever-users of family planning, when asked how they thought their lives would be different if they had not used family planning, most said they would always have been pregnant (54 percent in Jakarta and 57 percent in Ujung Pandang) (data not shown). Others said they would have been worried about getting pregnant, that they would have had more economic problems in their lives, and that they would have been too busy. All of their answers implied that they would have had to deal with having more children had they not used family planning. The few non-users who said their lives would have been different had they used family planning also acknowledged that they would have had fewer children, fewer financial expenses, and more time for themselves (data not shown).

Table 3.H.1. Would Life Be Different If Woman Had or Had Not Used Family Planning? (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.		
Opinion	Jakarta	Ujung Pandang
Ever-users:		
My life would be different now if I <u>had not</u> used family planning		
Yes	68.5	77.4
No	31.5	22.6
Total	100.0	100.0
Number of cases	(346)	(265)
Non-users:		
My life would be different now if I <u>had</u> used family planning		
Yes	29.6	21.9
No	70.4	78.1
Total	100.0	100.0
Number of cases	(54)	(96)

1. Perceived Benefits of Family Planning

When asked what the positive benefits of family planning had been in their lives, women mentioned three main categories of benefits (Table 3.H.2). Women first mentioned the ability to space births (37 percent of women in Jakarta and 28 percent in Ujung Pandang). Second, women mentioned the ability to earn money (for children's education and for the household). Third, women said using family planning meant having more time (for themselves, for taking care of their children and for spending time with their husbands).

Table 3.H.2. Perceived Benefits of Family Planning (in Percent), Reported by Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Benefit	Jakarta	Ujung Pandang
Ability to space births	37.3	27.6
Ability to earn money	15.6	20.3
Having more time	14.5	16.5
Other (various)	16.3	15.5
None	16.5	20.3
Total	100.0	100.0
Number of cases	(346)	(261)

Women were also specifically asked about the effect of family planning on various aspects of their lives. Table 3.H.3 shows the results. Women in both cities agreed that using family planning had given them more time for leisure and community activities. For women who worked and used family planning, they credited using family planning with being able to spend more time and be more efficient at work. Women did not equate using family planning with being able to get ahead at work.

Women also noted benefits of family planning for their husbands and children. For husbands, the main benefits were considered that they could have a higher household income (noted by 49 percent of women in Jakarta and 39 percent in Ujung Pandang), that they could concentrate on work (mentioned by 10 percent of women in Jakarta and 12 percent in Ujung Pandang) and that the wives could take better care of their husbands (reported by 8 percent of women in Jakarta and 20 percent of women in Ujung Pandang) (data not shown).

For children, the main benefits of a woman's use of family planning were considered to be that the children would be better taken care of (noted by 30 percent of women in Jakarta and 27 percent in Ujung Pandang) and that they would have a better future (mentioned by 27 percent of the women in Jakarta and 48 percent in Ujung Pandang) (data not shown).

Thus, women thought that their own family planning use had benefits for themselves, their husbands and their children.

Table 3.H.3. Effects of Family Planning on Various Aspects of Women's Lives, Reported by Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Family planning has enabled you to:	Jakarta		Ujung Pandang	
	Percent	Number of cases	Percent	Number of cases
Education				
Obtain more education	9.4	(351)	29.0	(207)
Leisure time				
Have more leisure time	78.9	(323)	92.3	(259)
Loan program				
Participate in a loan program for women	8.9	(257)	12.4	(201)
Community activities				
Participate in community activities	56.9	(325)	69.6	(253)
Spend more time in community activities	42.6	(326)	51.6	(256)
Take a leadership role in community activities	13.6	(309)	21.0	(229)
Be more satisfied in these community activities	26.1	(310)	28.5	(228)
Work				
Obtain more job training	28.7	(87)	29.8	(181)
Spend more time at work	85.1	(87)	73.8	(206)
Be more efficient at work	81.6	(87)	62.0	(208)
Advance in your position at work	23.0	(87)	24.1	(158)
Earn more income	49.4	(87)	30.5	(177)
Be more satisfied in your work	52.9	(87)	53.7	(190)

Note: Percentages may not equal 100 due to rounding.

2. Negative Aspects of Family Planning

Most women who had used family planning could not think of any negative effects on their lives (68 percent in Jakarta and 71 percent in Ujung Pandang). The most significant negative effect noted was the experience of side effects, noted by 30 percent of women in Jakarta and 27 percent of women in Ujung Pandang (data not shown). Very few women spontaneously named any negative effects of family planning on their husbands.

I. Making Family Planning Services More Gender-Sensitive

Another objective of this study was to ascertain the extent to which family planning services are sensitive to the needs of women and men, and how the services could be made better, both for women and for men. In this section, women's experiences with family planning services are presented, followed by their suggestions for improving the quality of the services. Finally, women's suggestions for more fully involving men in family planning services are presented.

1. Source of Family Planning

Women in the two cities tended to go to different places to receive family planning services, although their primary source for services was the same. As shown in Table 3.I.1, most women in Jakarta said they last went to a public health center or to a midwife. Women in Ujung Pandang reported receiving their most recent family planning services from public health centers, and from government and private hospitals.

Table 3.I.1. Source of Family Planning Services Most Recently Used (in Percent) by Women in Jakarta and Ujung Pandang, Indonesia; 1996.

Source	Jakarta	Ujung Pandang
Government hospital	6.8	21.4
Private hospital	9.1	14.5
Public health center	36.8	23.6
Private clinic	8.6	6.9
Midwife	28.8	4.7
Posyandu/PLKB	0.6	8.7
Safari	0.3	0.7
Pharmacy	2.0	1.4
Doctor	3.7	8.0
Other	0.9	1.4
Never used FP	2.6	8.7
Total	100.0	100.0
Number of cases	(351)	(276)

2. Satisfaction with Services

The large majority of women in both Jakarta and Ujung Pandang reported being satisfied or very satisfied with the services they had last received (85 percent and 80 percent, respectively), as shown in Table 3.I.2.

Table 3.I.2. Satisfaction with Treatment from Providers at Last Family Planning Visit (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Level of Satisfaction	Jakarta	Ujung Pandang
Very satisfied	15.1	7.8
Satisfied	70.4	71.9
Fairly satisfied	10.0	15.6
Dissatisfied/very dissatisfied	4.5	4.7
Total	100.0	100.0
Number of cases	(351)	(256)

When asked if they had had problems with services, about 20 percent of women in Jakarta and Ujung Pandang said yes (data not shown). Respondents could list up to three problems they had encountered, and they identified the following problems: long waiting time, the distance they had to travel to reach the service delivery point, inconvenient hours, and lack of services and supplies at the service delivery point.

3. Suggestions for Improving the Quality of Family Planning Services

Women in the two cities made similar suggestions on ways to improve the quality of the family planning services they receive (Table 3.I.3). Women's primary suggestion was to make family planning services more responsive to the needs of women by hiring more female doctors. Women also noted their need for more time with the counselor. Other suggestions included making clinic hours longer or having more field-worker visits to women's houses (a suggestion made mostly by women in Ujung Pandang), situating clinics closer to the women's homes (presumably by opening more service delivery points), and making services less expensive for clients.

The survey revealed the very strong desire women have for more information. Specifically, the type of information they want is practical explanations of contraceptive methods. To date, the Indonesian family planning program has concentrated on "motivational" messages, rather than "educational" materials.

Table 3.I.3. Suggestions for Improving Family Planning Services (in Percent), Made by Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Suggestions	Jakarta	Ujung Pandang
Staffing		
More female doctors	59.8	50.0
More doctors	10.3	19.1
More other staff	7.0	5.3
Accessibility		
Closer to home	18.9	25.6
Longer hours at clinic	16.9	21.1
More visits by field-worker	7.6	36.2
Information/Counseling		
More information	58.5	49.6
More time with counselor	24.3	26.0
Other Suggestions		
Less expensive	27.2	19.9
More methods available	7.3	9.3
More services available	4.0	4.1
Other (various)	7.7	7.2
Number of cases	(301)	(246)

Note: Percentages do not add up to 100 because respondents could make up to three suggestions.

4. Views on Receiving Services from Male Providers

To further measure the desire of women for female providers, women were asked their willingness to receive a series of reproductive health services from a male provider (Table 3.I.4). In both cities, significant proportions of women said they would refuse a variety of services from a male provider. Women in Jakarta were more likely than women in Ujung Pandang to say definitely that they would refuse services from a male provider. In Jakarta, 40 percent of the women said they would refuse counseling from a male provider, while between 55 and 65 percent said they would refuse breast and pelvic exams, a pap smear, an injection in the buttocks, an IUD insertion and STD diagnosis.

Table 3.I.4. Refusal to Receive Services If Only Available from Male Providers (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Service	Jakarta		Ujung Pandang	
	Would refuse	Depends	Would refuse	Depends
Counseling	40.2	3.7	21.0	10.7
Breast exam	64.4	5.1	40.8	25.0
Pelvic exam	65.2	5.4	42.3	25.7
Pap smear	65.0	5.7	41.9	24.6
Injection in buttock	55.6	6.3	25.4	18.8
IUD insertion	63.0	4.8	43.0	23.5
STD diagnosis	65.0	5.1	40.1	22.1
Number of cases	(351)		(272)	

5. The Need for Additional Contraceptive Information

Among those women who said they had ever asked for a specific method of family planning, most said they had received that method, indicating that contraceptive choice was not viewed as a significant problem by women (data not shown). However, more than half of the women in both cities listed additional information they would like to receive about contraceptives to aid them in their contraceptive decision-making, as shown in Table 3.I.5. Side effects and safety were the main topics on which women said they would like additional information, followed by effectiveness of methods and how methods work. The need for follow-up was also mentioned by many women.

Table 3.I.5. Contraceptive Information Women Would Like to Receive (in Percent), Jakarta and Ujung Pandang, Indonesia, 1996.

Topic	Jakarta	Ujung Pandang
Side effects	77.4	74.5
Safety	58.1	62.7
Effectiveness	41.1	34.1
How method works	26.7	37.7
Follow-up	14.8	29.1
Menstrual cycle	6.3	20.0
Other topics	10.6	15.0
Number of cases	(270)	(220)

Note: Respondents could choose up to three topics.

6. Family Planning Services for Men

Most family planning services in Indonesia, as elsewhere, are designed for women. In this study, women were asked if their family planning center provided services for men and how they thought services could be improved to take men's reproductive health care needs into consideration. Women's answers in both cities--and particularly in Jakarta--indicate that they consider family planning within a woman's realm of responsibility. The largest percentage of women in both cities said they did not know if their family planning center provided services for men (41 percent in Jakarta and 47 percent in Ujung Pandang), as shown in Table 3.I.6. A further 33 percent of women in Jakarta and 21 percent of women in Ujung Pandang indicated that services for men were available at their family planning center.

Table 3.I.6. Knowledge of Whether Current Family Planning Facility Provides Services For Men (in Percent), Women in Jakarta and Ujung Pandang, Indonesia, 1996.

Does your family planning facility provide services for men?	Jakarta	Ujung Pandang
Yes	32.5	20.7
No	26.5	32.3
Don't know	41.0	47.0
Total	100.0	100.0
Number of cases	(351)	(266)

The women's suggestions on how the family planning program could better involve men fall into three general categories: information, services, and accessibility/acceptability (Table 3.I.7). Just as women wanted more information for themselves, they think the family planning program should provide more information to men, through counseling, the media and at the workplace. Women think the program should provide more services for men and promote the use of more male methods. In addition, family planning centers should have special hours for men and make men more comfortable in the center.

Some women, particularly those in the less-educated, lower SES Jakarta sample, said they would rather not have men involved in family planning (39 percent of the women in Jakarta and 11 percent in Ujung Pandang). This expressed opinion may reflect women's acceptance of the message that they, and not men, must be responsible for family planning. Women are unlikely to have been educated to communicate effectively with their husbands about family planning or to collaborate with their husbands on contraceptive strategies.

Table 3.I.7. Women's Suggestions for How the Family Planning Program or Current Health Facility Could Better Involve Men (in Percent), Jakarta and Ujung Pandang, Indonesia, 1996.

Suggestion	Jakarta	Ujung Pandang
Would rather not have men involved	38.8	11.1
Information		
Provide more information for men	36.5	56.7
Have more counseling for men	10.4	26.0
More radio/newspaper/TV ads for men	34.9	26.0
Give information to husbands' office/place of work	5.5	13.5
Services		
More services for men	25.7	28.4
Promote more male methods	27.7	37.5
Accessibility/Acceptability		
Special hours for men	10.7	29.8
Make men more comfortable	5.5	12.5
Other	3.6	1.0
Number of cases	(307)	(208)

Note: Respondents could make up to three suggestions.

Summary of Section I

To make family planning services more sensitive to their needs, women in Jakarta and Ujung Pandang would like to be served by female providers, both for counseling and the provision of services, particularly those involving the genital area, such as IUD insertions. Women seemed satisfied with the choices they had for contraceptive methods, but they would like to receive more information about the methods they use. Women specifically mentioned that they would like more information on side effects, safety, and effectiveness.

Suggestions for improving services for men included providing them with additional information, with more male methods and with more convenient service hours. The fact that many women said they would rather not have men involved in family planning services suggests the need for family planning providers to help empower women to gain the confidence needed to develop effective strategies of contraceptive collaboration with their husbands and to communicate more effectively with their husbands on issues of family planning use.

IV. Summary and Recommendations

This study sought primarily to test a model of the relationship between family planning use and work on women's empowerment in the household. Empowerment included two main domains: women's social and economic autonomy. A second purpose of the study was to suggest ways to make family planning services more gender-sensitive and gender-oriented.

A. The Women in the Study

The women in the two selected communities in Jakarta and Ujung Pandang differed in some respects, most notably in their ethnicity, education, and number of children. Women in the Ujung Pandang sample tended to be better educated, to have, on average, one fewer child than women in Jakarta, and to be of higher socioeconomic status. The women in this study are not intended to be representative of all women in Jakarta or Ujung Pandang

B. Family Planning Use

Family planning use was high among women in the two communities, as it is among all women in Indonesia. Women tended to be the contraceptive users, rather than their husbands, but from the in-depth interviews it was clear that husbands' motivations for using family planning were also important. The primary motivation to use family planning tended to be economic--to space or limit childbearing to free women's time for household activities and to work for income. There was substantial concern over contraceptive side effects experienced or feared, and some couples used non-program methods because of such concerns.

C. Women's Work

Less than half of the women in this study worked in the formal labor force. In Jakarta, only one-quarter of the women worked for income. Occupations of women in Jakarta and Ujung Pandang differed in that significantly more women in Ujung Pandang worked as civil servants than in Jakarta. Most women who worked perceived their jobs as secure. The qualitative research revealed that some women who called themselves "housewives" on the survey actually had jobs at which they were earning income. This may reflect the priority they place on their role as a homemaker, relative to their income-generating roles.

D. Economic Autonomy for Women in the Household

Husbands in both Jakarta and Ujung Pandang were considered the formal household heads. Husbands were also more likely than their wives to work and to contribute most or all of their income to the household. The division of labor in the household fell along fairly traditional gender lines, with women (or household members other than the husband) doing most of the housework. Husbands in the in-depth interviews indicated that they sometimes "helped" their wives with household duties, but they were clear that the responsibility for household tasks was their wives'. Women were particularly involved in child care and cooking.

Most women who worked had asked their husbands' permission to do so. In the in-depth interviews women sometimes noted that they were working only to "help" their husbands support the family economy. If women could attain their desired work status, about 15 percent more women would be working in each city. The women who were most likely to say they wanted to join the labor force were younger women who were somewhat more likely than the older women to be using contraception.

Women were involved in making economic decisions in their households. In fact, a significant number said their wills prevailed in making economic decisions. Still, the women and men in the in-depth interviews made a clear distinction between economic decision-making for daily household expenditures, such as food, and larger expenditures, such as for house repairs or special needs for the children. Women tended to need their husbands' permission to make large expenditures. Some even had to account to their husbands for their daily expenditures.

E. Social Autonomy for Women in the Household

There appeared to be a high level of socially promoted gender "harmony" in the families of the women in this study. Communication between husbands and wives in Jakarta and Ujung Pandang was open, according to the women, although men were the dominant decision-makers. On the survey, women indicated that they thought their opinions were valued by their husbands, but in the in-depth interviews many women (and men) portrayed a situation in which husbands must be asked about everything from spending money to issues with the children to social activities. Most women participated in some type of community activity with the support of their husbands.

While husbands were not generally involved in use of family planning, most women had discussed family planning with their spouses and said their husbands approved of family planning. Most couples agreed on the number of children they had or wanted to have.

F. The Effect of Family Planning and Work on Women's Autonomy

This study improves the understanding of husband and wife experiences and attitudes regarding family planning and its effect on women's empowerment. Family planning increases some aspects of women's economic and social autonomy and thus women's empowerment. Far more important to women's empowerment, however, is women's ability to work. Still, even with the opportunity to work, which women define as "helping" their husbands support the family economy, women are faced with domestic duties at home, with only a little "help" from their husbands, since women are responsible for managing the household. Gender divisions of labor are strongly adhered to by the women and their husbands in this study.

Generally, women's work status was more closely related to women's autonomy in the household (and thus their empowerment) than family planning. Current work status was significantly associated with more aspects of women's economic and social autonomy than was current family planning use status, among women in both cities.

When asked what the positive benefits of family planning had been to their lives, women mentioned three main categories of benefits. First, women mentioned the ability to space births, including being free from the worry about getting pregnant. Second, women mentioned the ability to earn money, for children's education and for the household. Third, women said using family planning meant having more time for themselves, for taking care of their children and for spending time with their husbands.

Most women who had used family planning could not think of any negative effects on their lives, or were not willing to mention them. The most significant negative effect noted was the experience of side effects.

G. Making Family Planning More Gender Sensitive

Another important outcome of this study is information for the family planning program on the quality of its services and the needs of women to make contraceptive choices to meet their reproductive needs. Women appreciate BKKBN's provision of family planning, but in order to feel more comfortable and confident using contraceptives, they need more information about the methods they use. Women want to know more about expected side effects, mechanisms of action, efficacy, and how and where to receive follow-up care. The family planning program should continue to strengthen its efforts to improve the quality of care of family planning services. An important part of this effort is providing women with more knowledge about contraceptives and providing thorough counseling to all women seeking a contraceptive method.

Women in both Jakarta and Ujung Pandang would like to be served by female providers, both for counseling and for the provision of services, particularly those involving the genital area, such as IUD insertions. Women seemed satisfied with the choices they had for contraceptive methods but would like to receive more information about the methods they use. Women specifically mentioned that they would like more information on side effects, safety, and effectiveness. The fear of side effects was strong and pervasive. In the in-depth interviews, some women and men mentioned that they (or their wives) were not using modern family planning due to fear of the side effects of existing methods.

Regarding services for men, not all women want men more involved, probably because family planning in Indonesia has, for the past 25 years, been so strongly associated with women. Among the women who do want men to be encouraged to be family planning users, suggestions for improving services for men included providing them with additional information, with more male methods and with more convenient service hours.

H. Policy Implications

The results of this study could be used to further increase gender equity in Indonesian families. The family planning program can contribute to this effort by continuing its efforts to support women's reproductive rights, including women's right to decide how many children they want to have and can support. It is also important to note women's multiple responsibilities. Women are expected to manage the daily expenses for the family and be responsible for using family planning, and yet many must defer to their husbands' wishes regarding contraceptive use and family size. Women in this study were very concerned about making financial ends meet in the household, and particularly about the cost of educating their children. The family planning program should strengthen its efforts to encourage husbands to support women's economic and social autonomy. Improving gender equity in the family will help women to be responsible stewards of their family's resources.

It should be noted finally that the women in this study were overwhelmingly supportive of the National Family Planning Program as a social movement. They use contraception, they limit their family size, and they espouse the benefits of spacing their children. The main area of problems are the experience of side effects and the lack of practical information on contraceptives and their use. BKKBN can help women deal with these issues by providing them with complete information about contraceptives and their side effects, offering a choice of methods and in-depth counseling, and providing complete contraceptive follow-up care.

REFERENCES

- Central Bureau of Statistics (CBS) [Indonesia], State Ministry of Population/National Family Planning Coordinating Board (NFPCB), Ministry of Health (MOH) and Macro International Inc. (MI). 1995. *Indonesia Demographic and Health Survey 1994*. Calverton, MD: CBS and MI.
- Chandler G. 1984. Wanita Pedagang di Pasar Desa. *Prisma*, No. 10.
- Gilbert LA. 1993. *Two Careers/One Family*. London: Sage Publications.
- Grijns M. 1987. Tea pickers in West Java as mothers and workers. *Indonesian Women in Focus*. Eds. Elsbeth Locher-Scholten and Anke Niehof. Dordrecht: Faris Publications, pp. 104-119.
- Hardee K, Ulin P, Visness C, Pfannenschmidt S. 1996. The Impact of Family Planning and Reproductive Health on Women's Lives: A Conceptual Framework. Family Health International Women's Studies Project Working Paper WP96-02. Research Triangle Park, NC: Family Health International.
- Hong S, Seltzer K. 1994. The Impact of Family Planning on Women's Lives: Toward a Conceptual Framework and Research Agenda. Family Health International Working Paper WP94-02. Research Triangle Park, NC: Family Health International.
- Lerner JV. 1994. *Working Women and Their Families*. London: Sage Publications.
- Mather C. 1985. Rather than make trouble, it's better just to leave. *Women, Work and Ideology*. Ed. Haleh Afshar. London: Tavistock Publications.
- Moser C. 1989. Gender Planning in the Third World: Meeting Practical and Strategic Gender Needs. *World Development*, 17 (11): 1799-1825.
- Papanek H, Schwede L. 1988. Women are good with money: earning and managing in an Indonesian City. *A Home Divided: Women and Income in the Third World*. Eds. Daisy Dwyer and Judith Bruce. Palo Alto, CA: Stanford University Press.
- Population Reports*. 1994. Special Topics. Series M, No.12, July.
- Sen G, Germain A, Chen LC (eds). 1994. *Population Policies Reconsidered: Health, Empowerment, and Rights*. Cambridge, MA: Harvard University Press.
- Schuler SR. 1994. Empowering Women. *Network 15(1):14-17*. Family Health International.
- Schmink M. 1984. Household economic strategies: review and research agenda. *Latin American Research Review* XIX, B. No.3.
- Smyke P. 1991. *Women and Health*. London: Zed Books, Ltd.

Stoler A. 1977. Class, Structure, and Female Autonomy in Java. *Women and National Development: the Complexities of Change*. Chicago, IL: University of Chicago Press.

Undang-Undang Perkawinan, R.I. (Indonesian Marriage Law). 1974. Surabaya: Arkola.